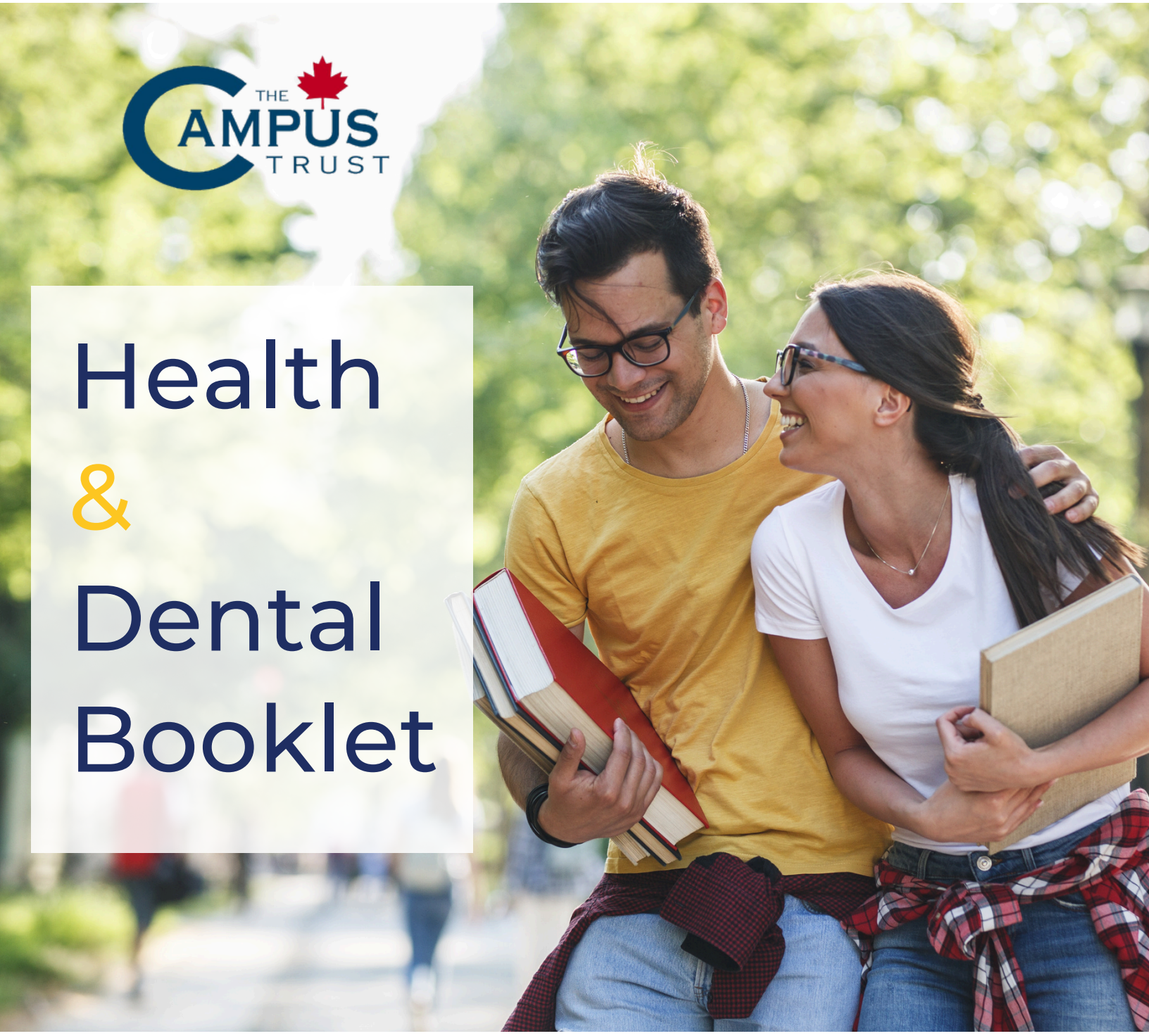
THE CAMPUS TRUST



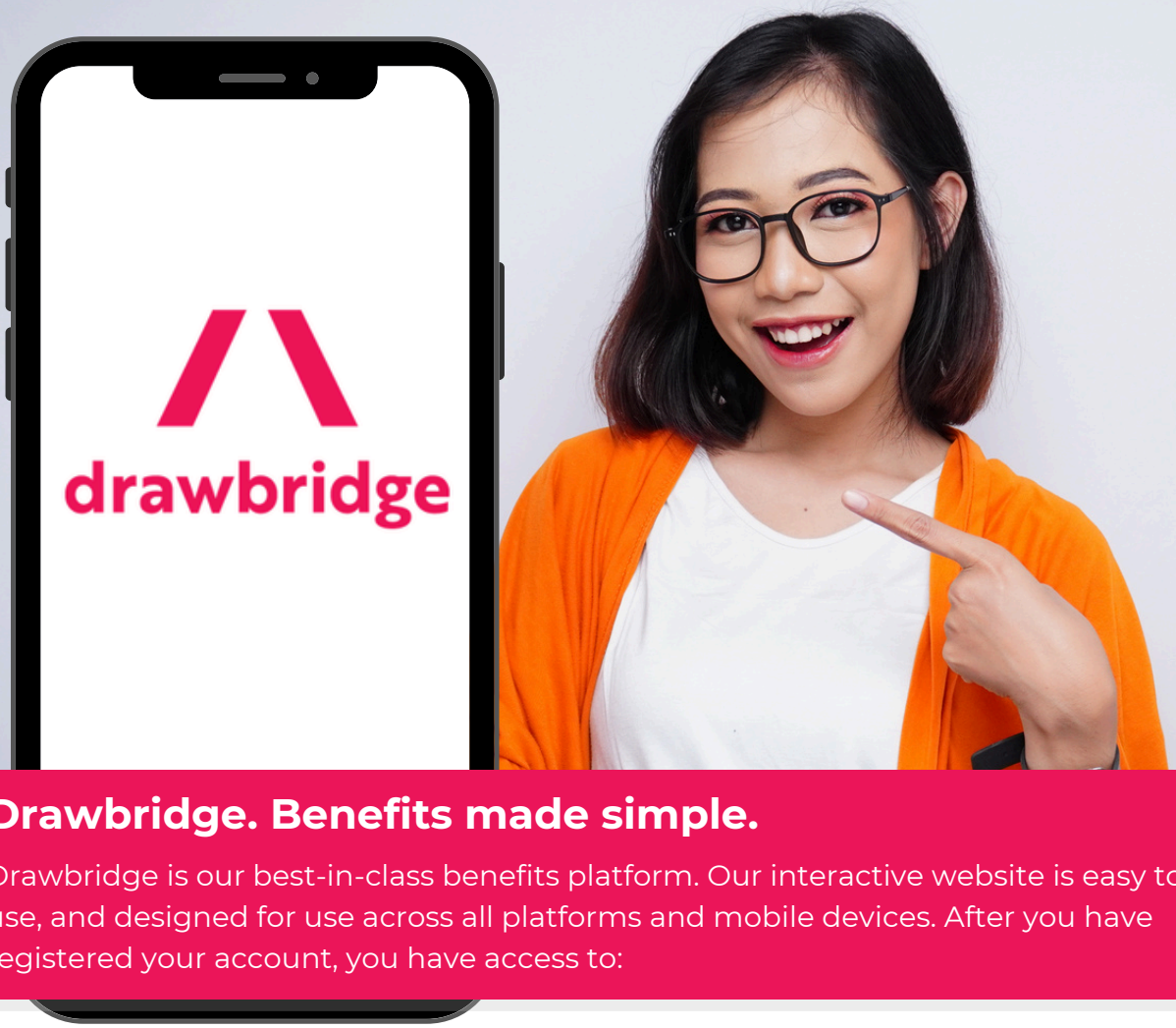
Health & Dental Booklet

Your guide to benefits and coverage

2026/2027

SGAAGÉ

LAURENTIAN UNIVERSITY STUDENTS' GENERAL ASSOCIATION
ASSOCIATION GÉNÉRALE DES ÉTUDIANT(E)S DE L'UNIVERSITÉ LAURENTIENNE
LAURENTIAN UNIVERSITY MAAMWI E-KNOOMAAGZIDJIG E-NAADMAAGEJIG



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

The Students' General Association – Association générale des étudiant(e)s

2026/2027

The Students' General Association – Association générale des étudiant(e)s is pleased to sponsor the Extended Health and Dental Benefit Plan ("the SGA 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 SGA 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 SGA 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 SGA 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 SGA 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:

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

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

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

935 Ramsey Lake Road
Student Centre - 212
Greater Sudbury, ON P3E 2C6
Tel: 705-673-6547
sga@laurentian.ca
www.sga-age.com

Important Deadlines

Opt out or add dependants to the SGA Plan:
September 30, 2026

Opt Out or Add Dependants:
www.studentbenefits.ca

Contents

Eligibility

Am I eligible for benefits?

To be eligible for coverage you must be:

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

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

Part-time and online students have the option to opt-in.

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.

Did you know?

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

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

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.

Your plan allows you to add your eligible spouse and dependent children to 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 as a part-time student?

Yes, as a part-time student, 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.

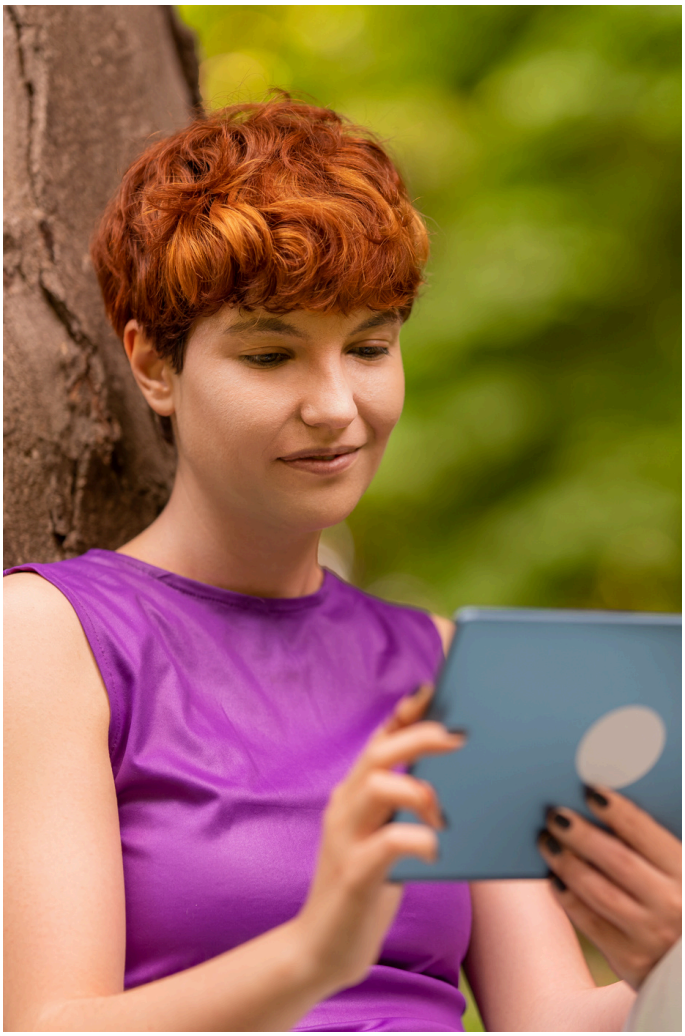
When does my coverage end?

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 Students' General Association 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, 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 alternate 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 (ex. 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 alternate 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 SGA Plan if I am covered elsewhere?

The SGA 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 SGA Plan?

If you are already covered under an extended health and dental plan, and you choose to opt out of this plan, the SGA will refund the fee via direct deposit or cheque, as selected in your opt out form. Refunds are issued after the opt out period has closed.

Health Benefits

At-a-Glance | 2026/2027

Accidental Dental	**100%**	up to $1,000 per benefit year	
Ambulance	**100%**	unlimited	
Counselling	**100%**	up to $900 per benefit year	
Eye Exam	**100%**	up to $100 every 24 months	
Eye Wear	**100%**	up to $350 every 24 months	
Health Practitioners	**100%**	acupuncturist athletic therapist audiologist chiropractor dietitian massage therapist naturopath consultations occupational therapist osteopath physiotherapist podiatrist/chiropodist speech therapist	up to $500 per practitioner, to a combined maximum of $750 per benefit year.
Medical Equipment *	**100%**	up to $3,000 per benefit year	
Orthotics or Orthopedic Shoes *	**80%**	up to $200 per benefit year	
Prescription Drugs	**80%**	up to $1,500 per benefit year	
Wellness Benefit	**100%**	up to $200 per benefit 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
sga.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 **sga.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%, up to $1,000 per benefit year

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.

Ambulance – 100%

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 $900 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 **sga.drawbridge.ca** to see information for providers participating in the Preferred Provider program for your plan.

Eye Exams - 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 $350 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.

Health Practitioners – 100%, up to to $750 combined, per benefit year

Services provided by the following health practitioners are covered up to **$500** per practitioner to a combined maximum of **$750** per benefit year, provided the practitioner is licensed by the appropriate provincial or federal organization to practice their profession, in accordance with the rules of their profession:

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

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.

Medical Equipment – 100%, up to $3,000 per benefit 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, $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 (1 pair per lifetime);
- Canes, crutches, walkers, casts, splints, catheters, and colostomy supplies;
- Compression stockings or garments (excluding athletic or general-use apparel) (2 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, (1 per benefit year);
- Aero chamber (1 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).

Gender Affirmation: The following services (not covered by your provincial/territorial health plan) will be considered eligible for coverage under the Medical Equipment maximum 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.

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.

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.

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 - 80%, up to $200 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 $1,500 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.

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:

- HPV and pneumococcal vaccines;
- Vaccines/serums (if required for course of study, school authorization 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 here 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;
- 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;
- Smoking cessation products;
- Anti-obesity drugs;
- Vitamins (other than injectable);
- Vaccinations, unless listed or 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' 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.

Wellness Benefit - $200 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 $200 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.

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.

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

Benefit Maximum is $1,000 per Benefit Year

Diagnostic	90%	Exams, X-rays
Preventive	90%	Polishing, Scaling, Oral Hygiene Instruction, Space Maintainers
Restorative	85%	Fillings
Endodontic	85%	Root Canals, Pulpotomy
Periodontic	85%	Root Planing, Management of Oral Disease
Oral Surgery	85%	Tooth and Root Removal
Anesthesia	85%	Deep, Inhalation, Intravenous, when required for a covered procedure

Payments will be based on the Ontario Dental Association Suggested Fee Guide for 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.: 611

Student Benefits
sga.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 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 **sga.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 **$1,000** 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 - 90%

Examinations

- Initial or complete examinations (once per benefit year)
- Recall examinations (once every 12 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 (two units per benefit year)
- Recall scaling (eight units per benefit year)
- Pit and fissure sealants (once per tooth every 36 months for dependants age 16 or younger)
- Space Maintainers (once per space for primary teeth, dependants age 14 or younger)

Restorative – 85%

Fillings

- Sedative, silver or white fillings
- Retentive Pins

Endodontic – 85%

- Pulpotomy
- Root Canal (once per tooth)

Periodontic – 85%

- Oral Disease
- Desensitization
- Gingival Curettage
- Gingivectomy
- Flap Surgery
- Tissue Graft
- Root Planing

Oral Surgery – 85%

Minor

- Extractions, erupted teeth
- Residual root removal

Major

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

Anesthesia – 85%

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

Register for Online Services

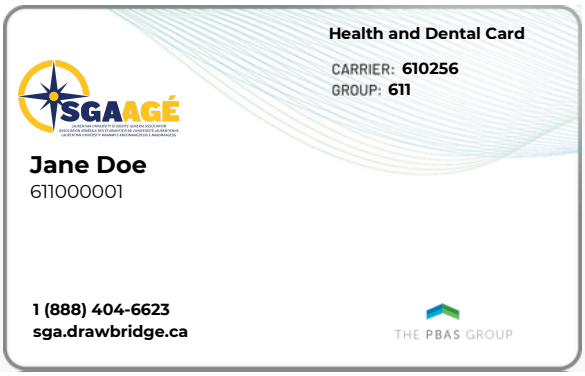
There are many services available on **sga.drawbridge.ca** that will make your benefit plan easier than ever to access. You must register as a member to take advantage of all features of the site.

Will I receive a benefit card?

After you are eligible for coverage and have registered at **sga.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.



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 **sga.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 **sga.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 **sga.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 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?

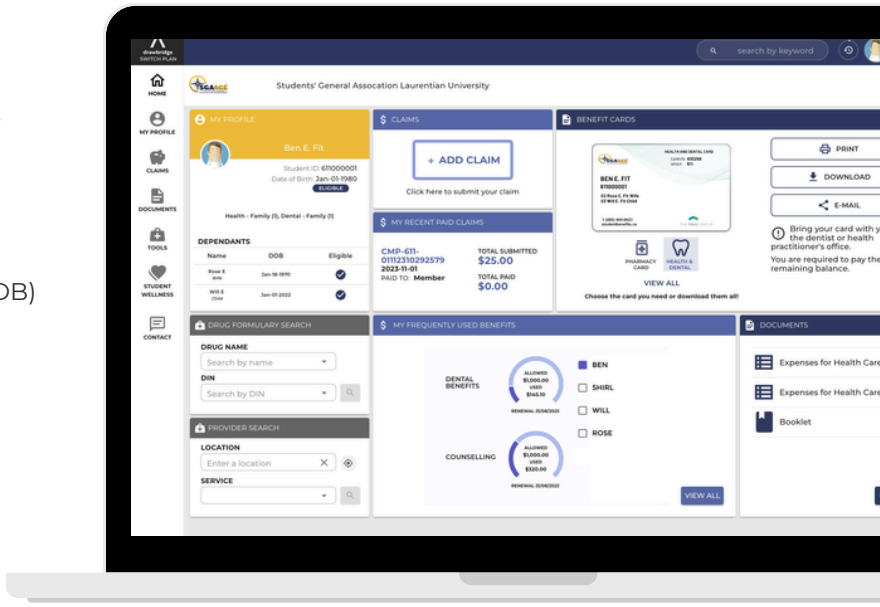
There is an App that allows you access your benefit card(s) and submit new claims conveniently. You can review your claim history, view up to date benefit balances, check your coverage, and much more.

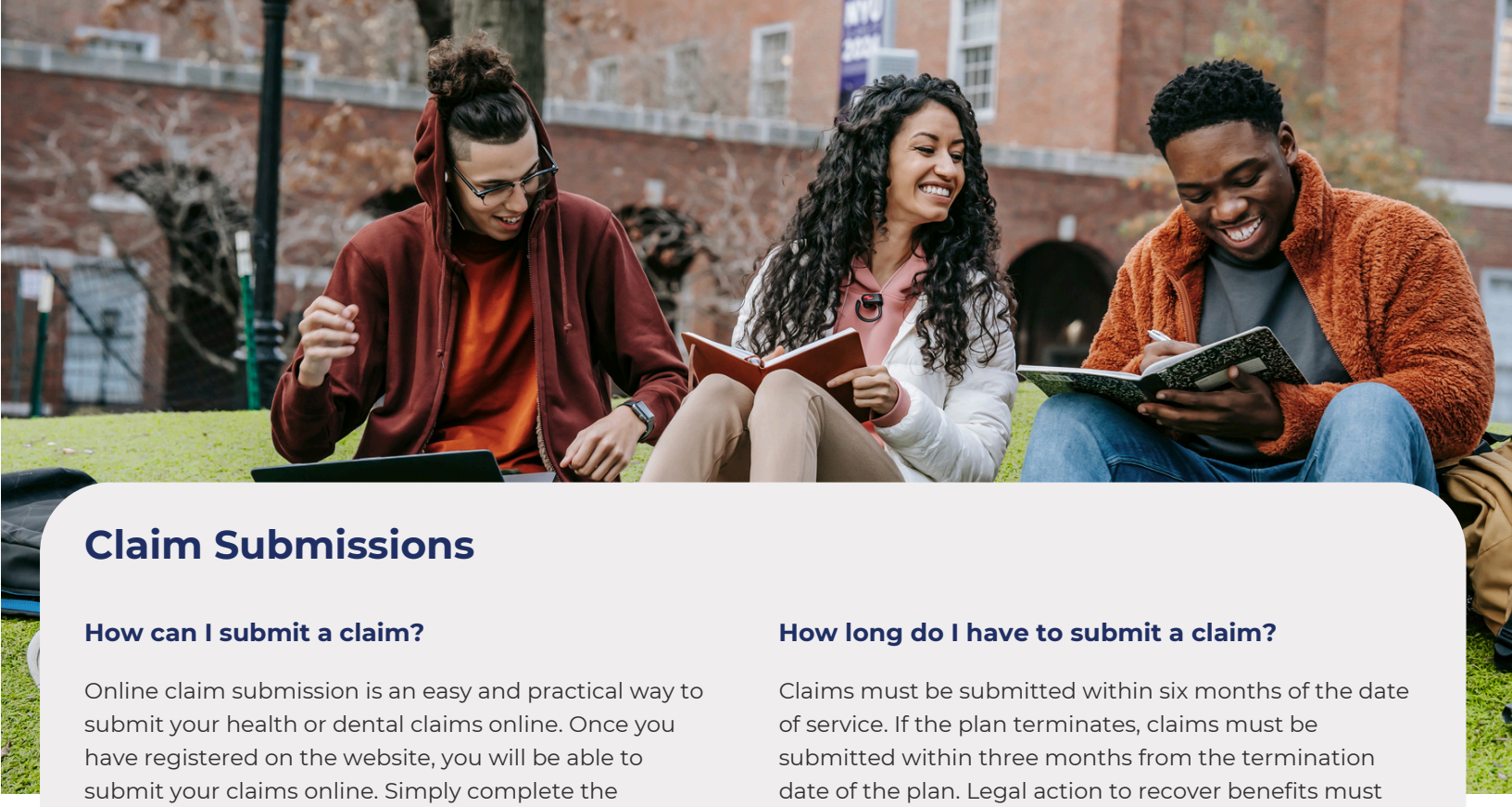
Simply search for "Drawbridge" under the Google Play or App Store to download. The Drawbridge website is also mobile friendly.

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 **sga.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 **sga.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 **sga.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 **sga.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

SGAAGÉ

LAURENTIAN UNIVERSITY STUDENTS' GENERAL ASSOCIATION
ASSOCIATION GÉNÉRALE DES ÉTUDIANT(E)S DE L'UNIVERSITÉ LAURENTIENNE
LAURENTIAN UNIVERSITY MAAMWI E-KNOOMAAGZIDJIG E-NAADMAAGEJIG

sga.drawbridge.ca

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

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

studentbenefits.ca