ALUMO

Graduate Students' Association
University of Alberta

2026-2027

Student Insurance Plan

Group policy: 181982

Designed for the University of Alberta Graduate Students' Association



As a full-time registered student you are automatically covered for the benefits described herein.

ALUMO

Plan Support Office

Office Hours
Monday to Friday 9:30 am to 4:30 pm

6-14 SUB, Sixth Floor
8900 114 Street
Edmonton, AB T6G 2J7
University of Alberta

780-900-8623

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

www.alumo.ca

Underwritten by
Canada Life, administered by Alumo (hereinafter referred to as The Company")

This booklet has been prepared as a brief outline of the benefits available to you under your Group Insurance Plan. It is not an insurance policy, but an informal explanation of benefits provided by the plan.

PLAN OPTIONS

All registered full time post secondary students that have paid the health plan fee are automatically members of the Balanced Plan unless you decide to choose the Enhanced Drug + Paramedical Plan or Enhanced Dental Plan. To choose a plan other than the Balanced Plan please go to our website www.alumo.ca

Please be aware that should you decide to purchase family benefits for your spouse and/or dependant children they will also be enrolled in the same benefit plan that you have chosen. Should you choose the Enhanced Drug + Paramedical or Enhanced Dental plan option this will remain your student health plan for the duration of your academic program.

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SECTION I - BALANCED PLAN

Pay Direct Prescription Benefits

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 80% of the reasonable and customary charges incurred, to a maximum of $7,500.00 per Insured, per policy year for expenses for:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets;
d) oral contraceptives, contraceptive patch (birth control, IUD);
e) preventative vaccines to a maximum of $150.00 per Insured, per policy year at 100% coverage.

Smoking cessation aids are covered up to a lifetime maximum of $500

a) anti-smoking remedies (nicorette gum, patches or similar products).

Please visit our website www.alumo.ca for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is $7.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) drugs, hormones, products and injections for the treatment of obesity;
d) infant formula, dietary foods and aids; salt and sugar substitutes;
e) first-aid and surgical supplies; atomizers, vaporizers.

SECTION I - BALANCED PLAN

Dental Benefits

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is $700.00. Reimbursement is considered according to the Alberta Dental Association's Suggested Fee Guide for General Practitioners.

BASIC AND PREVENTIVE SERVICES

70% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams

a) complete oral examinations
   - Complete Exam Frequency: 1 / 36 months
   - Examination Oral Pathology: 2 / 12 months
   - Periodontal: 2 / 12 months
   - Examination, Surgical: 2 / 12 months
   - Examination, Prosthodontic: 2 / 12 months
   - Examination, Endodontic: 2 / 12 months
   - Recall Exam: 1 / 12 months
   - Specific Exam: unlimited
   - Emergency Exam: unlimited

b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays

a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 1 films in 12 consecutive months)

Cavity Prevention

a) Polishing or Cleaning Teeth
   One occurrence is covered per Insured per policy year.
b) Recall Scaling
   Three units is covered per Insured per policy year. (For periodontical scaling, please see the "periodontics" section.)
c) Fluoride
   No age restrictions. 1 treatment a year.
d) Oral Hygiene Instruction
   This is instruction on how to brush and floss. One instruction is covered in a lifetime.

e) Pit and Fissure Sealants
This is a coating put on top of any pits or cracks in teeth to prevent cavities from forming.

Space Maintainers

a) Space Maintainers
For primary only. A space maintainer is an appliance that a dentist uses to maintain a space where a tooth has been removed.
b) Maintenance of space maintainers
Maintenance of a space maintainer means adjusting, re-cementing or repairing an appliance used to maintain a space where a tooth has been removed. No age limit

FILLINGS (50%)

Please note: These procedures may include local anaesthesia, removal of decay, pulp protection (a sedative used to protect the nerve) and bite adjustment (work done to make sure that the fit between the top and bottom teeth is correct). The cost of finishing or polishing is not covered.

All restoration done to the same tooth will be covered as a single visit to the dentist.

a) Amalgam Fillings
Replacement Fillings: Same surface, same tooth once every 24 months
Restorative, Pins: 1 per tooth / 24 months
b) Retentive Pins
These are pins used to make sure that a restoration or filling stays in place. 1 per tooth / 24 months.
c) Sedative Fillings for Caries, Trauma and Pain Control
Caries result from tooth decay. Trauma means a blow to the mouth or teeth resulting in injury. Severe wear may be considered a traumatic injury. Pain control includes temporary fillings and local anaesthesia to reduce pain before a permanent filling is installed. Sedative fillings that are applied to reduce pain are covered. This procedure includes local anaesthesia, removal of decay and/or removal of existing restoration, bite adjustment (treatment to make sure that the fit between the top and bottom teeth is correct), pulp cap (a sedative placed on an exposed nerve to reduce pain and prevent infection) and placement of a sedative filling (a sedative placed under a filling to reduce pain).
d) Stainless Steel, Plastic and Polycarbonate Caps
This is a cap that is installed to cover the whole tooth or teeth. Only insured children 15 or younger are covered for this treatment. 1 per tooth / 36 months.

MINOR ORAL SURGERY (50%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Extractions
   Extraction means removing a non-impacted tooth.
b) Residual Root Removal
   Residual root removal means removing tooth roots left behind when a tooth is extracted. One root removal is covered per tooth in a lifetime.

ANAESTHESIA (50% COVERAGE)

Anaesthesia covered for extractions only

DENTURE MAINTENANCE (50% COVERAGE)

a) Denture Adjustments
   Adjustments are covered after 3 months and unlimited as long as the adjustments are made.
b) Denture Repairs
   Repairing dentures means fixing broken or damaged dentures. The insured person is covered for unlimited denture repairs.
c) Denture Rebasing and Relining
   Rebasing dentures means fitting dentures with a new base. Relining dentures means adding material so that the dentures fit properly.
   One rebase or reline is covered every 36 months. Need to be at least 3 months old.
d) Tissue Conditioning
   Tissue conditioning means applying a conditioner to the alveolar ridge that ensures a proper denture fit and is covered once every 36 months. Need to be at least 3 months old.

FIXED PROSTHETICS RECEMENTATION (50% COVERAGE)

Recementation of existing restorations

MAJOR ORAL SURGERY (50%)

IMPACTED WISDOM TEETH LIMITED TO TWO WISDOM TEETH (50%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Alveoloplasty, Gingivoplasty, Stomatoplasty, Vestibuloplasty
   Alveoloplasty means remodelling, removing or reducing bone. Gingivoplasty means remodelling gums. Stomatoplasty means remodelling the floor of the mouth. Vestibuloplasty involves ridge reconstruction.
b) Surgical Excision
   This includes the removal of cysts or a foreign body.
c) Surgical Incision
   This is an incision made to an infected area usually to allow drainage.

d) Fractures
The treatment of fractures of the upper or lower alveolar bone which holds the teeth in their sockets.
e) Frenectomy
Frenectomy involves surgery on the frenum (a thin tissue that connects the lips to the gums and the tongue to the floor of the mouth).
f) Sialolithotomy
This is the partial removal of the salivary duct.
g) Antral Surgery
This is the surgical removal of a tooth that has been forced up into a sinus cavity.
h) Hemorrhage Control
This is treatment to stop bleeding resulting from an extraction or trauma.
i) Post Surgical Care
This is treatment given by the dentist after surgery until healing is complete.

ENDODONTICS (60% COVERAGE)

a) Pulpotomy
Pulpotomy is the removal of dental pulp from the crown portion of the tooth. This procedure may include a treatment plan, anaesthesia, the treatment, appropriate x-rays, and follow-up care and must occur more than 30 days before a root canal therapy.
b) Root Canal Therapy
This procedure includes:
treatment plan
pulp vitality test
pulpectomy (removing the diseased nerve from inside the tooth to reduce pain)opening and drainage
tooth isolation and
clinical procedure with appropriate x-rays
One root canal therapy is covered per tooth in a lifetime. Re-treatment procedures are allowed every 36 months.
c) Apexification: 1 per tooth / lifetime
d) Apicoectomies covered Root Amputation: 1 per tooth / lifetime
e) Hemisection: 1 per tooth / lifetime
f) Intentional Removal, Apical Filling and Re-implantation: 1 per tooth / lifetime.

PERIDONTICS (60% COVERAGE)

Please note: These procedures may include local anaesthesia, surgical dressing, sutures and follow-up care for 1 month. Post-treatment evaluation is not covered.

a) Displacement Dressing
A displacement dressing means placing a medicated pack on inflamed gums to move gums away from the calculus (deposits on teeth that irritate gums).
b) Desensitization
Desensitization means applying fluoride to reduce sensitivity.

c) Gingival Curettage
   Gingival curettage means scraping out damaged tissue inside the gums.
d) Gingivectomy
   Gingivectomy means removing damaged gum tissue.
e) Flap Surgery
   Flap surgery is the opening made for bone removal.
f) Tissue Graft
   Tissue graft is the transfer of healthy gums to an area where the gums have receded.
g) Occlusal Adjustment and Equilibration: 8 units / policy year
h) Periodontal Appliances:1 per arch / 24 months
i) Perio Repairs / Maintenance / Adjustments: 4 occurences / policy year
j) Appliances for the control of harmful habits

MAJOR RESTORATIVE (35% COVERAGE)

a) Crowns: 1 / 60 months
b) Bridges: 1 / 60 months
c) Dentures: 1 / 60 months
d) Veneers: 1 / 60 months

EXCLUSIONS

a) services not included in the list of defined eligible services;
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;
e) dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
f) treatment to correct temporomandibular joint dysfunction (The hinge joint of the jaw is called the temporomandibular joint.)
g) any endodontic treatment which was started before the effective date of coverage
h) the replacement of dental appliances that are lost, misplaced or stolen
i) any treatment related to orthognathic surgery (remodelling or reconstruction of your jaw)
j) Any major restorative services
k) procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth);
l) implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION I - BALANCED PLAN

Extended Health Care Benefits

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)
100% of eligible expenses except where stated. The following are the eligible expenses provided by licenced practiioners in the province the expense is incurred in.

AMBULANCE
Coverage of $100.00 per trip for the following:

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse or necessary medical personnel and the return air fare for the registered nurse or necessary medical personnel will be included.

PARAMEDICAL PRACTITIONERS
$40.00 per treatment up to $600.00 each policy year for all the practitioners listed below:

a) Not combined:
   Physiotherapist, Chiropractor, Massage Therapist (MD referral required) Naturopath, Osteopath (1 x-ray per policy year), Registered Dietitian Athletic Therapist, Acupuncturist, Occupational Therapist, Speech Therapist
b) Combined:
   Chiropodist, Podiatrist (1 xray per policy year)

$80.00 per visit up to $800.00 each policy year for all the practitioners listed below:

a) Combined professional:
   Registered Psychologists, Master of Social Work, Registered Clinical Social Worker, Registered Clinical Counsellor, Registered Professional Counsellor, or Canadian Certified Counsellor

ORTHOPEDIC SUPPLIES

Charges for Orthopedic Shoes and Orthotic Speciality Insoles are covered at $500 / policy year 100%, Orthotics limited to $350 / policy year, if recommended by a physician, podiatrist or chiropodist;

- Orthopedic supplies as noted above must be dispensed by one of the following providers: podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

a) 100% Coverage for: AeroChamber, Back Support (Orthopedic only), Bed Rail, Cane, Cervical Collars, Daily Living Aids, Shoulder, Harness, Head Halters, Hernia Belt (trusses only), Oxygen, Scoliosis Jacket, Cranial Remolding Helmet, Traction Apparatus, Walker / Assistive Walking Device, Wheelchair Equipment & Rentals
b) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances. $10,000 per prosthesis;
c) Artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
d) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
e) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year. $10,000 per prosthesis;
f) Wigs after Chemotherapy: $300 per policy year;
g) Hearing Aids, Repairs of Hearing Aids: $500/5 policy year 100%.

DURABLE MEDICAL EQUIPMENT COVERED AT 100%

Sleep Apnea Machine (CPAP), Sleep Apnea Accessories (tubing only), Sleep Apnea Mask, Intermittent Pressure Breathing Machine (IPPB), Monitors for Respiratory Dysrhythmias

Covered at 100% with Lifetime Limit: TENS Machine ($700 lifetime maximum)

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds 100% * electric only if medically required, kidney dialysis equipment, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items.

TUTORIAL SERVICE

Member only - $15.00 hour max $1000 policy year 100%. Must be disabled or confined to home or hospital due to illness or injury min 15 consecutive school days. Must have written referral from student association or professor validating the credentials of the tutor.

DIABETIC SUPPLIES

a) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy;
b) Glucometer ($700 lifetime maximum)
c) Insulin Pump Supplies (includes insulin infusion sets)
d) Insulin Pump
e) Catheters and hypodermic needles.

OSTOMY SUPPLIES (COVERED AT 100%)

a) Colostomy Supplies
b) Ileostomy Supplies
c) Ostomy Supplies
d) Urostomy Supplies

RESPIRATORY EQUIPMENT & SUPPLIES (COVERED AT 100%)

a) Aerosol Equipment / Nebulizer
b) Oxygen Supplies

MOBILITY & LYMPHEDEMA SUPPORT (COVERED AT 100%)

a) Extremity Pumps (Lymphedema)
b) Lymphedema Sleeve

COVERED WITH LIMITS

a) Support Stockings: 2 pairs per policy year, covered at 100%

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of $70.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or special condition contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $200.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist to a maximum of $200.00 in any consecutive 24 months based on date of first paid claim;
d) laser eye surgery of maximum of $150.00 per policy year at 100% coverage.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) fmedical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

SECTION II - ENHANCED DRUG + PARAMEDICAL PLAN

Pay Direct Prescription Benefits

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 80% of the reasonable and customary charges incurred, to a maximum of $10,000.00 per Insured, per policy year for expenses for:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets;
d) oral contraceptives, contraceptive patch (birth control, IUD);
e) preventative vaccines to a maximum of $150.00 per Insured, per policy year at 100% coverage.

Smoking cessation aids are covered up to a lifetime maximum of $500

a) anti-smoking remedies (nicorette gum, patches or similar products).

Please visit our website www.alumo.ca for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is $7.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) drugs, hormones, products and injections for the treatment of obesity;
d) infant formula, dietary foods and aids; salt and sugar substitutes;
e) first-aid and surgical supplies; atomizers, vaporizers.

Dental Benefits

MAXIMUM COVERAGE
During each policy year, the maximum coverage per Insured is $500.00. Reimbursement is considered according to the Alberta Dental Association's Suggested Fee Guide for General Practitioners.

BASIC AND PREVENTIVE SERVICES
60% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams

a) complete oral examinations
   - Complete Exam Frequency: 1 / 36 months
   - Examination Oral Pathology: 2 / 12 months
   - Periodontal: 2 / 12 months
   - Examination, Surgical: 2 / 12 months
   - Examination, Prosthodontic: 2 / 12 months
   - Examination, Endodontic: 2 / 12 months
   - Recall Exam: 1 / 12 months
   - Specific Exam: unlimited
   - Emergency Exam: unlimited
b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays

a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 1 films in 12 consecutive months)

Cavity Prevention

a) Polishing or Cleaning Teeth
   One occurrence is covered per Insured per policy year.
b) Recall Scaling
   Three units is covered per Insured per policy year. (For periodontical scaling, please see the "periodontics" section.)
c) Fluoride
   No age restrictions. 1 treatment a year.
d) Oral Hygiene Instruction
   This is instruction on how to brush and floss. One instruction is covered in a lifetime.

e) Pit and Fissure Sealants
This is a coating put on top of any pits or cracks in teeth to prevent cavities from forming.

Space Maintainers

a) Space Maintainers
For primary only. A space maintainer is an appliance that a dentist uses to maintain a space where a tooth has been removed.
b) Maintenance of space maintainers
Maintenance of a space maintainer means adjusting, re-cementing or repairing an appliance used to maintain a space where a tooth has been removed. No age limit

FILLINGS (50%)

Please note: These procedures may include local anaesthesia, removal of decay, pulp protection (a sedative used to protect the nerve) and bite adjustment (work done to make sure that the fit between the top and bottom teeth is correct). The cost of finishing or polishing is not covered.

All restoration done to the same tooth will be covered as a single visit to the dentist.

a) Amalgam Fillings
Replacement Fillings: Same surface, same tooth once every 24 months
Restorative, Pins: 1 per tooth / 24 months
b) Retentive Pins
These are pins used to make sure that a restoration or filling stays in place. 1 per tooth / 24 months.
c) Sedative Fillings for Caries, Trauma and Pain Control
Caries result from tooth decay. Trauma means a blow to the mouth or teeth resulting in injury. Severe wear may be considered a traumatic injury. Pain control includes temporary fillings and local anaesthesia to reduce pain before a permanent filling is installed. Sedative fillings that are applied to reduce pain are covered. This procedure includes local anaesthesia, removal of decay and/or removal of existing restoration, bite adjustment (treatment to make sure that the fit between the top and bottom teeth is correct), pulp cap (a sedative placed on an exposed nerve to reduce pain and prevent infection) and placement of a sedative filling (a sedative placed under a filling to reduce pain).
d) Stainless Steel, Plastic and Polycarbonate Caps
This is a cap that is installed to cover the whole tooth or teeth. Only insured children 15 or younger are covered for this treatment. 1 per tooth / 36 months.

MINOR ORAL SURGERY (50%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Extractions
   Extraction means removing a non-impacted tooth.
b) Residual Root Removal
   Residual root removal means removing tooth roots left behind when a tooth is extracted. One root removal is covered per tooth in a lifetime.

ANAESTHESIA (50% COVERAGE)

Anaesthesia covered for extractions only

DENTURE MAINTENANCE (50% COVERAGE)

a) Denture Adjustments
   Adjustments are covered after 3 months and unlimited as long as the adjustments are made.
b) Denture Repairs
   Repairing dentures means fixing broken or damaged dentures. The insured person is covered for unlimited denture repairs.
c) Denture Rebasing and Relining
   Rebasing dentures means fitting dentures with a new base. Relining dentures means adding material so that the dentures fit properly.
   One rebase or reline is covered every 36 months. Need to be at least 3 months old.
d) Tissue Conditioning
   Tissue conditioning means applying a conditioner to the alveolar ridge that ensures a proper denture fit and is covered once every 36 months. Need to be at least 3 months old.

FIXED PROSTHETICS RECEMENTATION (50% COVERAGE)

Recementation of existing restorations

MAJOR ORAL SURGERY (50%)

IMPACTED WISDOM TEETH LIMITED TO TWO WISDOM TEETH (50%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Alveoloplasty, Gingivoplasty, Stomatoplasty, Vestibuloplasty
   Alveoloplasty means remodelling, removing or reducing bone. Gingivoplasty means remodelling gums. Stomatoplasty means remodelling the floor of the mouth. Vestibuloplasty involves ridge reconstruction.
b) Surgical Excision
   This includes the removal of cysts or a foreign body.
c) Surgical Incision
   This is an incision made to an infected area usually to allow drainage.

d) Fractures
The treatment of fractures of the upper or lower alveolar bone which holds the teeth in their sockets.
e) Frenectomy
Frenectomy involves surgery on the frenum (a thin tissue that connects the lips to the gums and the tongue to the floor of the mouth).
f) Sialolithotomy
This is the partial removal of the salivary duct.
g) Antral Surgery
This is the surgical removal of a tooth that has been forced up into a sinus cavity.
h) Hemorrhage Control
This is treatment to stop bleeding resulting from an extraction or trauma.
i) Post Surgical Care
This is treatment given by the dentist after surgery until healing is complete.

ENDODONTICS (50% COVERAGE)

a) Pulpotomy
Pulpotomy is the removal of dental pulp from the crown portion of the tooth. This procedure may include a treatment plan, anaesthesia, the treatment, appropriate x-rays, and follow-up care and must occur more than 30 days before a root canal therapy.
b) Root Canal Therapy
This procedure includes:
treatment plan
pulp vitality test
pulpectomy (removing the diseased nerve from inside the tooth to reduce pain)opening and drainage
tooth isolation and
clinical procedure with appropriate x-rays
One root canal therapy is covered per tooth in a lifetime. Re-treatment procedures are allowed every 36 months.
c) Apexification: 1 per tooth / lifetime
d) Apicoectomies covered Root Amputation: 1 per tooth / lifetime
e) Hemisection: 1 per tooth / lifetime
f) Intentional Removal, Apical Filling and Re-implantation: 1 per tooth / lifetime.

PERIDONTICS (50% COVERAGE)

Please note: These procedures may include local anaesthesia, surgical dressing, sutures and follow-up care for 1 month. Post-treatment evaluation is not covered.

a) Displacement Dressing
A displacement dressing means placing a medicated pack on inflamed gums to move gums away from the calculus (deposits on teeth that irritate gums).
b) Desensitization
Desensitization means applying fluoride to reduce sensitivity.

c) Gingival Curettage
   Gingival curettage means scraping out damaged tissue inside the gums.
d) Gingivectomy
   Gingivectomy means removing damaged gum tissue.
e) Flap Surgery
   Flap surgery is the opening made for bone removal.
f) Tissue Graft
   Tissue graft is the transfer of healthy gums to an area where the gums have receded.
g) Occlusal Adjustment and Equilibration: 8 units / policy year
h) Periodontal Appliances:1 per arch / 24 months
i) Perio Repairs / Maintenance / Adjustments: 4 occurences / policy year
j) Appliances for the control of harmful habits

MAJOR RESTORATIVE (30% COVERAGE)

a) Crowns: 1 / 60 months
b) Bridges: 1 / 60 months
c) Dentures: 1 / 60 months
d) Veneers: 1 / 60 months

EXCLUSIONS

a) services not included in the list of defined eligible services;
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;
e) dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
f) treatment to correct temporomandibular joint dysfunction (The hinge joint of the jaw is called the temporomandibular joint.)
g) any endodontic treatment which was started before the effective date of coverage
h) the replacement of dental appliances that are lost, misplaced or stolen
i) any treatment related to orthognathic surgery (remodelling or reconstruction of your jaw)
j) Any major restorative services
k) procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth);
l) implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION II - ENHANCED DRUG + PARAMEDICAL PLAN

Extended Health Care Benefits

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)
100% of eligible expenses except where stated. The following are the eligible expenses provided by licenced practiioners in the province the expense is incurred in.

AMBULANCE
Coverage of $100.00 per trip for the following:

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse or necessary medical personnel and the return air fare for the registered nurse or necessary medical personnel will be included.

PARAMEDICAL PRACTITIONERS
$80.00 per treatment up to $600.00 each policy year for all the practitioners listed below:

a) Not combined:
   Physiotherapist, Chiropractor, Massage Therapist (MD referral required) Naturopath, Osteopath (1 x-ray per policy year), Registered Dietitian Athletic Therapist, Acupuncturist, Occupational Therapist, Speech Therapist
b) Combined:
   Chiropodist, Podiatrist (1 x-ray per policy year)

$80.00 per visit up to $900.00 each policy year for all the practitioners listed below:

a) Combined professional:
   Registered Psychologists, Master of Social Work, Registered Clinical Social Worker, Registered Clinical Counsellor, Registered Professional Counsellor, or Canadian Certified Counsellor

ORTHOPEDIC SUPPLIES

Charges for Orthopedic Shoes and Orthotic Speciality Insoles are covered at $500 / policy year 100%, Orthotics limited to $350 / policy year, if recommended by a physician, podiatrist or chiropodist;

- Orthopedic supplies as noted above must be dispensed by one of the following providers: podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

a) 100% Coverage for: AeroChamber, Back Support (Orthopedic only), Bed Rail, Cane, Cervical Collars, Daily Living Aids, Shoulder, Harness, Head Halters, Hernia Belt (trusses only), Oxygen, Scoliosis Jacket, Cranial Remolding Helmet, Traction Apparatus, Walker / Assistive Walking Device, Wheelchair Equipment & Rentals
b) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances. $10,000 per prosthesis;
c) Artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
d) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
e) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year. $10,000 per prosthesis;
f) Wigs after Chemotherapy: $300 per policy year;
g) Hearing Aids, Repairs of Hearing Aids: $500/5 policy year 100%.

DURABLE MEDICAL EQUIPMENT COVERED AT 100%

Sleep Apnea Machine (CPAP), Sleep Apnea Accessories (tubing only), Sleep Apnea Mask, Intermittent Pressure Breathing Machine (IPPB), Monitors for Respiratory Dysrhythmias

Covered at 100% with Lifetime Limit: TENS Machine ($700 lifetime maximum)

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds 100% * electric only if medically required, kidney dialysis equipment, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items.

TUTORIAL SERVICE

Member only - $15.00 hour max $1000 policy year 100%. Must be disabled or confined to home or hospital due to illness or injury min 15 consecutive school days. Must have written referral from student association or professor validating the credentials of the tutor.

DIABETIC SUPPLIES

a) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy;
b) Glucometer ($700 lifetime maximum)
c) Insulin Pump Supplies (includes insulin infusion sets)
d) Insulin Pump
e) Catheters and hypodermic needles.

OSTOMY SUPPLIES (COVERED AT 100%)

a) Colostomy Supplies
b) Ileostomy Supplies
c) Ostomy Supplies
d) Urostomy Supplies

RESPIRATORY EQUIPMENT & SUPPLIES (COVERED AT 100%)

a) Aerosol Equipment / Nebulizer
b) Oxygen Supplies

MOBILITY & LYMPHEDEMA SUPPORT (COVERED AT 100%)

a) Extremity Pumps (Lymphedema)
b) Lymphedema Sleeve

COVERED WITH LIMITS

a) Support Stockings: 2 pairs per policy year, covered at 100%

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of $70.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or special condition contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $150.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist to a maximum of $150.00 in any consecutive 24 months based on date of first paid claim;
d) laser eye surgery of maximum of $150.00 per policy year at 100% coverage.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) fmedical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

SECTION III - ENHANCED DENTAL PLAN

Pay Direct Prescription Benefits

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 70% of the reasonable and customary charges incurred, to a maximum of $7,500.00 per Insured, per policy year for expenses for:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets;
d) oral contraceptives, contraceptive patch (birth control, IUD);
e) preventative vaccines to a maximum of $150.00 per Insured, per policy year at 100% coverage.

Smoking cessation aids are covered up to a lifetime maximum of $500

a) anti-smoking remedies (nicorette gum, patches or similar products).

Please visit our website www.alumo.ca for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is $7.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) drugs, hormones, products and injections for the treatment of obesity;
d) infant formula, dietary foods and aids; salt and sugar substitutes;
e) first-aid and surgical supplies; atomizers, vaporizers.

SECTION III - ENHANCED DENTAL PLAN

Dental Benefits

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is $900.00. Reimbursement is considered according to the Alberta Dental Association's Suggested Fee Guide for General Practitioners.

BASIC AND PREVENTIVE SERVICES

70% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams

a) complete oral examinations
   - Complete Exam Frequency: 1 / 36 months
   - Examination Oral Pathology: 2 / 12 months
   - Periodontal: 2 / 12 months
   - Examination, Surgical: 2 / 12 months
   - Examination, Prosthodontic: 2 / 12 months
   - Examination, Endodontic: 2 / 12 months
   - Recall Exam: 1 / 12 months
   - Specific Exam: unlimited
   - Emergency Exam: unlimited

b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays

a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 1 films in 12 consecutive months)

Cavity Prevention

a) Polishing or Cleaning Teeth
   One occurrence is covered per Insured per policy year.
b) Recall Scaling
   Three units is covered per Insured per policy year. (For periodontical scaling, please see the "periodontics" section.)
c) Fluoride
   No age restrictions. 1 treatment a year.
d) Oral Hygiene Instruction
   This is instruction on how to brush and floss. One instruction is covered in a lifetime.

e) Pit and Fissure Sealants
This is a coating put on top of any pits or cracks in teeth to prevent cavities from forming.

Space Maintainers

a) Space Maintainers
For primary only. A space maintainer is an appliance that a dentist uses to maintain a space where a tooth has been removed.
b) Maintenance of space maintainers
Maintenance of a space maintainer means adjusting, re-cementing or repairing an appliance used to maintain a space where a tooth has been removed. No age limit

FILLINGS (70%)

Please note: These procedures may include local anaesthesia, removal of decay, pulp protection (a sedative used to protect the nerve) and bite adjustment (work done to make sure that the fit between the top and bottom teeth is correct). The cost of finishing or polishing is not covered.

All restoration done to the same tooth will be covered as a single visit to the dentist.

a) Amalgam Fillings
Replacement Fillings: Same surface, same tooth once every 24 months
Restorative, Pins: 1 per tooth / 24 months
b) Retentive Pins
These are pins used to make sure that a restoration or filling stays in place. 1 per tooth / 24 months.
c) Sedative Fillings for Caries, Trauma and Pain Control
Caries result from tooth decay. Trauma means a blow to the mouth or teeth resulting in injury. Severe wear may be considered a traumatic injury. Pain control includes temporary fillings and local anaesthesia to reduce pain before a permanent filling is installed. Sedative fillings that are applied to reduce pain are covered. This procedure includes local anaesthesia, removal of decay and/or removal of existing restoration, bite adjustment (treatment to make sure that the fit between the top and bottom teeth is correct), pulp cap (a sedative placed on an exposed nerve to reduce pain and prevent infection) and placement of a sedative filling (a sedative placed under a filling to reduce pain).
d) Stainless Steel, Plastic and Polycarbonate Caps
This is a cap that is installed to cover the whole tooth or teeth. Only insured children 15 or younger are covered for this treatment. 1 per tooth / 36 months.

MINOR ORAL SURGERY (70%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Extractions
   Extraction means removing a non-impacted tooth.
b) Residual Root Removal
   Residual root removal means removing tooth roots left behind when a tooth is extracted. One root removal is covered per tooth in a lifetime.

ANAESTHESIA (70% COVERAGE)

Anaesthesia covered for extractions only

DENTURE MAINTENANCE (70% COVERAGE)

a) Denture Adjustments
   Adjustments are covered after 3 months and unlimited as long as the adjustments are made.
b) Denture Repairs
   Repairing dentures means fixing broken or damaged dentures. The insured person is covered for unlimited denture repairs.
c) Denture Rebasing and Relining
   Rebasing dentures means fitting dentures with a new base. Relining dentures means adding material so that the dentures fit properly.
   One rebase or reline is covered every 36 months. Need to be at least 3 months old.
d) Tissue Conditioning
   Tissue conditioning means applying a conditioner to the alveolar ridge that ensures a proper denture fit and is covered once every 36 months. Need to be at least 3 months old.

FIXED PROSTHETICS RECEMENTATION (70% COVERAGE)

Recementation of existing restorations

MAJOR ORAL SURGERY (70%)

IMPACTED WISDOM TEETH LIMITED TO TWO WISDOM TEETH (70%)

Please note: These procedures may include local anaesthesia, appropriate x-rays, surgery and follow-up care.

a) Alveoloplasty, Gingivoplasty, Stomatoplasty, Vestibuloplasty
   Alveoloplasty means remodelling, removing or reducing bone. Gingivoplasty means remodelling gums. Stomatoplasty means remodelling the floor of the mouth. Vestibuloplasty involves ridge reconstruction.
b) Surgical Excision
   This includes the removal of cysts or a foreign body.
c) Surgical Incision
   This is an incision made to an infected area usually to allow drainage.

d) Fractures
The treatment of fractures of the upper or lower alveolar bone which holds the teeth in their sockets.
e) Frenectomy
Frenectomy involves surgery on the frenum (a thin tissue that connects the lips to the gums and the tongue to the floor of the mouth).
f) Sialolithotomy
This is the partial removal of the salivary duct.
g) Antral Surgery
This is the surgical removal of a tooth that has been forced up into a sinus cavity.
h) Hemorrhage Control
This is treatment to stop bleeding resulting from an extraction or trauma.
i) Post Surgical Care
This is treatment given by the dentist after surgery until healing is complete.

ENDODONTICS (70% COVERAGE)

a) Pulpotomy
Pulpotomy is the removal of dental pulp from the crown portion of the tooth. This procedure may include a treatment plan, anaesthesia, the treatment, appropriate x-rays, and follow-up care and must occur more than 30 days before a root canal therapy.
b) Root Canal Therapy
This procedure includes:
treatment plan
pulp vitality test
pulpectomy (removing the diseased nerve from inside the tooth to reduce pain)opening and drainage
tooth isolation and
clinical procedure with appropriate x-rays
One root canal therapy is covered per tooth in a lifetime. Re-treatment procedures are allowed every 36 months.
c) Apexification: 1 per tooth / lifetime
d) Apicoectomies covered Root Amputation: 1 per tooth / lifetime
e) Hemisection: 1 per tooth / lifetime
f) Intentional Removal, Apical Filling and Re-implantation: 1 per tooth / lifetime.

PERIDONTICS (70% COVERAGE)

Please note: These procedures may include local anaesthesia, surgical dressing, sutures and follow-up care for 1 month. Post-treatment evaluation is not covered.

a) Displacement Dressing
A displacement dressing means placing a medicated pack on inflamed gums to move gums away from the calculus (deposits on teeth that irritate gums).
b) Desensitization
Desensitization means applying fluoride to reduce sensitivity.

c) Gingival Curettage
   Gingival curettage means scraping out damaged tissue inside the gums.
d) Gingivectomy
   Gingivectomy means removing damaged gum tissue.
e) Flap Surgery
   Flap surgery is the opening made for bone removal.
f) Tissue Graft
   Tissue graft is the transfer of healthy gums to an area where the gums have receded.
g) Occlusal Adjustment and Equilibration: 8 units / policy year
h) Periodontal Appliances:1 per arch / 24 months
i) Perio Repairs / Maintenance / Adjustments: 4 occurences / policy year
j) Appliances for the control of harmful habits

MAJOR RESTORATIVE (50% COVERAGE)

a) Crowns: 1 / 60 months
b) Bridges: 1 / 60 months
c) Dentures: 1 / 60 months
d) Veneers: 1 / 60 months

EXCLUSIONS

a) services not included in the list of defined eligible services;
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;
e) dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
f) treatment to correct temporomandibular joint dysfunction (The hinge joint of the jaw is called the temporomandibular joint.)
g) any endodontic treatment which was started before the effective date of coverage
h) the replacement of dental appliances that are lost, misplaced or stolen
i) any treatment related to orthognathic surgery (remodelling or reconstruction of your jaw)
j) Any major restorative services
k) procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth);
l) implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION III - ENHANCED DENTAL PLAN

Extended Health Care Benefits

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)
100% of eligible expenses except where stated. The following are the eligible expenses provided by licenced practiioners in the province the expense is incurred in.

AMBULANCE
Coverage of $100.00 per trip for the following:

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse or necessary medical personnel and the return air fare for the registered nurse or necessary medical personnel will be included.

PARAMEDICAL PRACTITIONERS
$30.00 per treatment up to $600.00 each policy year for all the practitioners listed below:

a) Not combined:
   Physiotherapist, Chiropractor, Massage Therapist (MD referral required) Naturopath, Osteopath (1 x-ray per policy year), Registered Dietitian Athletic Therapist, Acupuncturist, Occupational Therapist, Speech Therapist
b) Combined:
   Chiropodist, Podiatrist (1 x-ray per policy year)

$80.00 per visit up to $700.00 each policy year for all the practitioners listed below:

a) Combined professional:
   Registered Psychologists, Master of Social Work, Registered Clinical Social Worker, Registered Clinical Counsellor, Registered Professional Counsellor, or Canadian Certified Counsellor

ORTHOPEDIC SUPPLIES

Charges for Orthopedic Shoes and Orthotic Speciality Insoles are covered at $500 / policy year 100%, Orthotics limited to $350 / policy year, if recommended by a physician, podiatrist or chiropodist;

- Orthopedic supplies as noted above must be dispensed by one of the following providers: podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

a) 100% Coverage for: AeroChamber, Back Support (Orthopedic only), Bed Rail, Cane, Cervical Collars, Daily Living Aids, Shoulder, Harness, Head Halters, Hernia Belt (trusses only), Oxygen, Scoliosis Jacket, Cranial Remolding Helmet, Traction Apparatus, Walker / Assistive Walking Device, Wheelchair Equipment & Rentals
b) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances. $10,000 per prosthesis;
c) Artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
d) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
e) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year. $10,000 per prosthesis;
f) Wigs after Chemotherapy: $300 per policy year;
g) Hearing Aids, Repairs of Hearing Aids: $500/5 policy year 100%.

DURABLE MEDICAL EQUIPMENT COVERED AT 100%

Sleep Apnea Machine (CPAP), Sleep Apnea Accessories (tubing only), Sleep Apnea Mask, Intermittent Pressure Breathing Machine (IPPB), Monitors for Respiratory Dysrhythmias

Covered at 100% with Lifetime Limit: TENS Machine ($700 lifetime maximum)

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds 100% * electric only if medically required, kidney dialysis equipment, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items.

TUTORIAL SERVICE

Member only - $15.00 hour max $1000 policy year 100%. Must be disabled or confined to home or hospital due to illness or injury min 15 consecutive school days. Must have written referral from student association or professor validating the credentials of the tutor.

DIABETIC SUPPLIES

a) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy;
b) Glucometer ($700 lifetime maximum)
c) Insulin Pump Supplies (includes insulin infusion sets)
d) Insulin Pump
e) Catheters and hypodermic needles.

OSTOMY SUPPLIES (COVERED AT 100%)

a) Colostomy Supplies
b) Ileostomy Supplies
c) Ostomy Supplies
d) Urostomy Supplies

RESPIRATORY EQUIPMENT & SUPPLIES (COVERED AT 100%)

a) Aerosol Equipment / Nebulizer
b) Oxygen Supplies

MOBILITY & LYMPHEDEMA SUPPORT (COVERED AT 100%)

a) Extremity Pumps (Lymphedema)
b) Lymphedema Sleeve

COVERED WITH LIMITS

a) Support Stockings: 2 pairs per policy year, covered at 100%

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of $70.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or special condition contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $150.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist to a maximum of $150.00 in any consecutive 24 months based on date of first paid claim;
d) laser eye surgery of maximum of $150.00 per policy year at 100% coverage.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) fmedical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

Accident Benefits

(Applies to all benefit plans)

PRINCIPAL SUM: $15,000

TABLE OF LOSES

Loss	Amount Payable
For loss of:	
Life	1/3 principal sum
Both hands	the principal sum
Both feet	the principal sum
Sight of both eyes	the principal sum
One hand and one foot	the principal sum
One hand and sight of one eye	the principal sum
One foot and sight of one eye	the principal sum
Speech and hearing in both ears	the principal sum
One arm	3/4 principal sum
One leg	3/4 principal sum
One hand	1/2 principal sum
One foot	1/2 principal sum
Sight of one eye	1/2 principal sum
Speech	1/2 principal sum
Hearing in both ears	1/2 principal sum
Thumb and index finger	1/9 principal sum
Any one finger	1/30 principal sum
For loss of use of:	
Both arms and both legs (quadriplegia)	2 X the principal sum
Both legs (paraplegia)	2 X the principal sum
One arm and one leg on the same side of the body (hemiplegia)	2 X the principal sum
One arm and one leg on different sides of the body	the principal sum
Both arms	the principal sum
Both hands	the principal sum
One hand and one leg	the principal sum
One arm	3/4 principal sum
One leg	3/4 principal sum
One hand	1/2 principal sum

IN THE TABLE OF LOSSES:

Dismemberment loss
Loss by dismemberment means:

a) for hands and feet, complete severance through or above the wrist or ankle joints;
b) for arms and legs, complete severance through or above the elbow or knee joints;
c) for thumb and big toe, complete severance of one entire phalange;
d) for fingers and other toes, complete severance of two entire phalanges.

Surgical reattachment
An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached, regardless of the use regained. The balance of the dismemberment benefit is payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Sight, speech, and hearing loss
Loss of sight, speech, or hearing means total and irrecoverable loss beyond correction by surgical or other means.

Loss of use
Loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg, or hand was able to perform before the accident occurred, beyond correction by surgical or other means. No benefits will be paid for loss of use if benefits for loss by dismemberment of the same arm, leg, or hand are paid or payable as a result of the same accident.

REPATRIATION BENEFIT
If benefits are payable under this benefit provision for loss of life which occurred at least 150 kilometres from the person's place of residence, Canada Life will pay the actual expense incurred for preparation of the body and its transportation to the place of burial or cremation. The maximum amount payable under this provision is $2,500.

EDUCATIONAL BENEFIT FOR DEPENDENT CHILDREN

If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay the tuition fees for enrolling his dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must satisfy one of the following conditions:

1) they must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing the loss of life; or
2) they must have been enrolled as a full-time student at the secondary school level at the time of the accident causing the loss of life and enrols as a full-time student at a post-secondary institution within 365 days after the accident.

The maximum amount payable under this provision for each year of full-time post-secondary school enrolment is the lesser of:

1) 5% of the principal sum; and
2) $5,000.

Canada Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

Dependent child

A dependent child is an unmarried natural, adopted, or step child of the student or the student's spouse.

A child of the student's spouse is not considered a dependent child unless:

1) they are also the student's child; or
2) the spouse is living with the student and has custody of the child.

Full-time student

A child is considered a full-time student if:

1) they are in registered attendance for 15 hours a week or more; and
2) they are under age 25.

Post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations

No benefits will be paid for:

1) tuition expenses incurred before the accident.
2) room or board or other ordinary living, travelling, or clothing expenses.

FAMILY TRANSPORTATION BENEFIT

If a person is hospitalized more than 150 kilometres from his home as a result of a covered loss for which benefits are payable under this benefit provision, Canada Life will pay for transportation and lodging expenses for one family member to join the person. The maximum amount payable under this provision is $2,000.

Benefit limitations

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to $.44 per kilometre travelled.

OCCUPATIONAL TRAINING BENEFIT FOR SPOUSES

If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay for expenses associated with his spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify. The maximum amount payable under this provision is the lesser of:

1) 10% of the principal sum; and
2) $10,000.

Spouse

→ A spouse is the student's legal spouse or common-law spouse.
→ A legal spouse means the person lawfully married to the student according to applicable provincial legislation.
→ A common-law spouse means a person who is living with the student in a conjugal relationship.

Benefit limitations

No benefits will be paid for:

1) expenses incurred more than 3 years after the accident causing the loss of life.
2) room or board or other ordinary living, travelling, or clothing expenses.

EDUCATIONAL BENEFIT

If benefits are payable under this benefit provision for a loss that requires the person to change occupations, Canada Life will pay the tuition fees for enrolling the person as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, the person must enrol at a post-secondary institution within 365 days after the accident. The maximum amount payable under this provision is $10,000.

Post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations

No benefits will be paid for:

1) tuition expenses incurred before the accident.
2) expenses incurred more than 2 years after the accident causing the loss.
3) room or board or other ordinary living, travelling, or clothing expenses.

WHEELCHAIR BENEFIT

If benefits are payable under this benefit provision for a loss due to an injury that requires the use of a wheelchair for the person to be ambulatory, Canada Life will pay for expenses associated with:

1) alterations to the person's principal residence to make it wheelchair accessible and habitable; and
2) modifications to a motor vehicle used by the person to make it accessible to and driveable by the person.

Benefits for home alterations are payable only if the person or persons making the changes are:

1) experienced in home alterations for wheelchairs; and
2) recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if:

1) the person or persons making the changes are experienced in vehicle modification for wheelchairs; and
2) the modifications are approved by the provincial vehicle licensing authority.

Benefit maximum
The maximum amount payable for all home and vehicle modifications combined is $10,000.

Benefit limitations
No benefits will be paid for:

1) expenses incurred more than 365 days after the accident.
2) subsequent alterations to the person's home or vehicle after an initial claim for benefits has been made under this provision.

GENERAL LIMITATIONS
No benefits will be paid for loss resulting from or associated with the following:

1) suicide or intentionally self-inflicted injury, regardless of the person's state of mind and whether or not he was able to understand the nature and consequences of his actions;
2) viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;
3) disease or infirmity;
4) medical or surgical treatment, except surgical reattachment;
5) service, including part-time or temporary service, in the armed forces of any country;
6) war, insurrection, or voluntary participation in a riot;
7) air travel, ascent, or descent, except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. Under no circumstances will benefits be paid where the aircraft is owned, leased, or rented by the Group Policyholder or where the person who suffers the loss is acting as a crew member;
8) an accident occurring while operating a vehicle, vessel or aircraft, while the person is impaired by drugs or alcohol, and has a blood alcohol level higher than 80 mg of alcohol per 100 ml of blood;
9) use of any prohibited substance including, but not limited to, any substance listed under the Controlled Drugs and Substance Act, it's Schedules, or other comparable criminal legislation;
10) parachuting or skydiving;
11) participation in a criminal offence or provoking an assault;
12) a loss incurred by a person in their home country or resulting from an accident that occurred in a person's home country, if their home country is not Canada.

PROOF OF CLAIM

Benefits under this policy will be paid only after Canada Life has received satisfactory proof that payment is due.

Claimant responsibility

The claimant must provide information required to prove his entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Time limit

Canada Life will not be liable for benefits for which proof is submitted more than 15 months after the date of the loss.

QUEBEC TIME LIMIT FOR THE PAYMENT OF BENEFITS

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this policy within 60 days following receipt of the required proof of claim.

LEGAL ACTIONS

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

BENEFICIARY

A student may make, alter or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary the student made under the Group Policyholder's previous policy prior to the effective date of this policy applies to this policy until the student makes a change to that designation.

Travel Coverage

(Emergency out of Province/Canada)

Coverage for Emergency Injury or Sickness
Lifetime Maximum: $5,000,000

Trip Duration
180 Days maximum

Emergency Out of Province Coverage and Assistance is provided by AIG Insurance Company of Canada Travel Insurance under policy: SRG 9430723

Global Excel
For emergency assistance call 1-866-870-1898
Outside North America, call collect: +819-566-1898

Medical Assistance
YOU MUST contact Global Excel prior to receiving any medical treatment. If you do not, you may receive inappropriate or unnecessary medical treatment, which may not be included in your coverage.

As this coverage is outside of the standard student health plan benefits, please contact the Plan Support Office on campus for further details on this coverage and pick up your Medical Assistance Card or download the Travel Benefits Card and Travel Insurance Booklet form the Booklet & Forms page at www.alumo.ca

General Inquiries

PLAN OPTIONS
All registered full time post secondary students that have paid the health plan fee are automatically members of the Standard plan unless you decide to choose the Enhanced Drug + Paramedical Plan or Enhanced Dental Plan. To choose a plan other than the Standard plan please go to our website www.alumo.ca.

Please be aware that should you decide to purchase family benefits for your spouse and/or dependant children they will also be enrolled in the same benefit plan that you have chosen. Should you choose the Enhanced Drug + Paramedical or Enhanced Dental plan option this will remain your student health plan for the 2026-2027 policy year.

MAY I ENROLL MY DEPENDENTS?
All students may obtain coverage for their spouse and dependent children by enrolling them before September 22, 2026 at midnight for the fall semester, January 22, 2027 at midnight for the winter semester, or May 17, 2027 at midnight for the summer semester and paying the appropriate fee and complete registration on www.alumo.ca To be eligible all dependents must have current provincial health insurance coverage.

“SPOUSE” means the legal spouse of the Insured Student, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in Sir Sandford Fleming College’s records for insurance purposes, and is a resident of Canada.

“DEPENDENT CHILD OR CHILDREN” means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, and is a resident of Canada.

Please note: You are only eligible to opt-in family members before the deadline date of your first semester, ie. If you are a September start student you must purchase family coverage on or before September 25, 2026 after this date you will not be able to add family coverage at anytime during the remainder of the policy year.

If you have chosen the Enhanced Drug + Paramedical or Enhanced Dental Plan benefits your family will also be enrolled in the same benefit plan that you have chosen.

What is the termination date of my coverage?
In accordance with the outline described above, your benefits will terminate August 2027. Once your coverage terminates, any additional family coverage that you have applied for will terminate also.

Termination of Insurance
Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

a) The date this policy is terminated.
b) The date the Insured Student becomes insured under a policy replacing this policy.
c) The date an Insured Student ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
d) The date an Insured Student reaches 70 years of age.

Insurance, with respect to a Spouse or Dependent Child or Children of the Insured Student shall terminate on the date the insurance of an Insured Student terminates or on the date the Spouse or Dependent Child or Children cease to qualify for insurance hereunder in accordance with the definitions, whichever date shall first occur.

Coordination of Benefits for Private and Provincial Plans
Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the Insured is resident, whether or not the Insured is covered here under.

If an Insured has coverage under another plan of insurance which provides similar benefits, the order of benefits determination is as follows:

a) the plan that does not include a Co-ordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Co-ordination of Benefits provision
b) the plans that include a Co-ordination of Benefits provision, priority payment is established as follows:
    1. the plan where the Insured is covered as a student
    2. the plan where the Insured is covered as a dependent

Drug/Dental/EHC/Accident Claims

All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence.

How do I make a drug/dental/ehc claim? (as of September 1st 2026)
Your student identification card may be used at any participating provider (pharmacist or dentist) across Canada and payment of eligible claims will be honored. To fill a prescription drug or dental claim, you will need to supply the pharmacist/ dentist with the following information:

- → Group policy number: 181982
- → Drug Carrier: 34 (ASSURE)
- → Dental CARRIER: 000034
- → Your Certificate: Your Student ID (without leading zeros)

At this point you will be required to pay the deductible amount of your claim if necessary.

Please note the dental office may charge more than the Fee Guide, which will require the student to be responsible for any additional costs.

When and where do I get my Family Benefits card?
You apply for family coverage or single parent coverage directly through Alumo on www.alumo.ca. You send payment directly to the broker, Alumo. Once you are registered on the benefit app, the whole family can use the same card.

My student card was not accepted at the pharmacy or dental office.
There are a few different reasons for having complications at your pharmacy or dental office. Below are some scenarios:

a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information online so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims on-line due to the transfer of information to the on-line system. If you are affected by this delay, please use the manual reimbursement system as noted below.
b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through the Benefits app (Adjudicare).
c) If you experience complications at the pharmacy that are not related to the above descriptions, please call Alumo for help.

I have been unable to locate a participating pharmacy or dental office. What do I do?
It will be necessary for you to pay cash for the claim, keeping official receipt(s), which will identify the total amount(s) paid. Please use the manual reimbursement system as noted below.

How do I make an Extended Heath Care claim?
Be aware that when making a claim under this benefit, which also includes your vision coverage, you will need to pay 100% of the cost up front and submit a manual claim directly to the Benefits app for reimbursement. Extended Health Care claim forms will also be available at www.alumo.ca.

How do I use the manual reimbursement system?
Go on the www.alumo.ca website select File a Claim or How to Claim and look for Download the Alumo Benefits App section and click Web Registration or, Download on the app and follow the steps to register!

1) To register, enter your student ID without letters or leading zeros as the certificate number and the group number. To find your group number, visit www.alumo.ca. Select your school, student association or union and the website will open in a new tab, scroll to the bottom footer where the group number is displayed. You may click Need more Help. Next, enter your last name, postal code and date of birth. Make sure your date of birth and last name match the school records.

2) Create a unique username and enter your e-mail address. Create a password following the guidelines on the page and enter it in both the Password and Confirm password fields. Now that the enrollment form is completed, click the Register button at the bottom to submit your registration. Take a moment to read through the terms and conditions, then click I Agree to continue. Check your e-mail for the security code needed to complete your registration.
3) Log in to set up your account.
4) Enter your mailing address for contact and documentation purposes to ensure accurate processing of your claims and payments. Your account is fully set up. You can now check coverage balance and stay informed with our health solutions and resources.

Can I submit my claims electronically? Can you reimburse my claim using direct deposit?
YES. Once registered, plan members/dependents can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependent claims information (for those individuals under the age of majority), directly on the Benefits app.

How do I make an accident claim?
Contact ALUMO as soon as possible for the procedure.
www.alumo.ca

Plan Support Office

Office Hours
Monday to Friday 9:30 am to 4:30 pm

6-14 SUB, Sixth Floor
8900 114 Street
Edmonton, AB T6G 2J7
University of Alberta

780-900-8623

This brochure is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed solely by the Group Master Policy underwritten by Canada Life and administered by Alumo.

NEW FOR 2026-2027:

Your drug, dental, and extended health care claims are covered by Alumo.

PAY DIRECT - THE PHARMACIST/DENTIST WILL NEED TO KNOW:

Canada Life Policy: 181982
Drug Carrier: 34 (ASSURE)
Dental Carrier: 000034 (TELUS AdjudiCare)
Your Certificate ID is your Student ID
(without leading zeros or letters)

Submit claims quickly and easily

Simply open the **Alumo Benefits App** on your web browser or mobile app and click the register button. **Visit www.alumobenefitsapp.ca**

Claim Inquiries

Contact Alumo Claims
1-866-586-1010
Claims@alumo.ca

Plan Consultants:

ALUMO

2255 Sheppard East, Atria 1, 2nd Floor Suite 202, Toronto, ON M2J 4Y1
Website: www.alumo.ca
Email: claims@alumo.ca

Alumo Toll Free: 1-866-586-1010

All Drug, Accident, Dental & EHC Benefits Underwritten by:
Canada Life, Administered by Alumo

canada life™