

Continuum – FAQ



Eligibility:

What is Continuum?

Continuum is an affordable health, dental, vision, and emergency travel assistance insurance plan for students whose coverage is ending.

Who is eligible to apply for the Continuum plan?

- students who are, or were, eligible for group benefits with their student association;
- students who are residents of Canada;
- students must be under the age of 65;
- students must be covered under a provincial medicare plan or federal government plan that provides similar benefits.

What is the maximum age limit for applying for the Continuum plan?

You and your spouse, if applicable, must be under age 65 to be eligible for the Continuum plan.

Can I cover my spouse and/or children?

You're not the only one eligible for coverage. You can add your spouse or dependent children with you on your Plan.

What is the definition of Spouse?

Spouse means your spouse by marriage or under any other formal union recognized by law, or a person of the opposite sex or of the same sex who has been cohabiting for at least one year and who is represented publicly as your spouse. Only one person at a time can be covered as your spouse under this contract.

What is the definition of Dependents?

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law and under age 21. A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 25 (age 26 for dependents residing in Quebec) as long as the child is entirely dependent on you for financial support.

Is Medical Evidence required for coverage?

If you were enrolled in your student Health & Dental plan, you are not required to provide evidence of good health as long as your application form is received within 30 days of when your coverage ends. If approved, your Continuum coverage will be retroactive to the beginning of the month following the end of your current plan to ensure continuous coverage. For example, if your current plan ends on August 31, your Continuum coverage will begin on September 1. Applications received after the 30-day period will need to include evidence of good health.

What happens if I opted out of my Student Plan?

You may apply for the Continuum Plan without providing medical evidence if you were still covered by a comparable insurance plan and are able to provide proof of your coverage (subject to review and approval by the insurer). Your application form and proof of coverage must be received within 30 days of when your coverage ends. If approved, your Continuum coverage will be retroactive to the beginning of the month following the end of your current plan to ensure continuous coverage. For example, if your current plan ends on August 31, your Continuum coverage will begin on September 1. Applications received after the 30-day period will need to include evidence of good health.

Will I be notified once my coverage is approved?

You will be sent a welcome package with the effective date of your benefits, claims information and a certificate indicating details of your benefits.

Billing:

What is the cost of the program?

The cost of the plan is based on your plan option if you selected the Health or the Health and Dental benefits, your age, and your province of residence. Rates are also based on the coverage you apply for: Single, Couple or Family coverage. Rates are effective from September 1 to August 31. You can obtain the rates if you visit the Continuum website at www.continuumplan.com.

How can I pay for my coverage?

For your convenience, premiums will be automatically debited from your chequing account, or charged to your Visa or MasterCard account on the 1st of each month.

When do I start getting billed for my insurance coverage?

Billing will commence on the 1st of the month following the approval of your application. If your coverage is approved after the 20th of the month, your billing will start one month later than usual, on the 1st of the second month following approval, at which time you will be billed for two months' premiums in order to bring your account to date. For example, if your coverage is approved on February 22nd, your first withdrawal will be on April 1st for both March and April's premiums.

What day of the month will my premium be withdrawn from my chequing account or charged to my credit card? Can I choose a different day?

Premiums will be deducted (or charged) on the 1st of each month. Unfortunately, the day of the withdrawal (or charge) cannot be changed.

Can I have my premiums withdrawn from my US funds account?

No. Withdrawals can only be made from Canadian dollar chequing accounts.

Can I pay my premiums annually instead of monthly?

The only payment frequency available is monthly. This allows us to reduce manual administrative duties thereby reducing the overall cost of your coverage and ensuring that you receive the lowest price possible. Payments will be automatically debited from your chequing account or charged to your Visa or MasterCard account.

Can I pay by cheque?

The only payment options available are monthly pre-authorized debits from your chequing account or pre-authorized charges to your Visa or MasterCard account. This allows us to reduce manual administrative duties thereby reducing the overall cost of your coverage and ensuring that you receive the lowest price possible.

How do I change the account for my pre-authorized payments?

If you are changing chequing accounts or switching from a credit card to a chequing account, we will require a void cheque for the new account. This can be mailed to us. If you are updating your Visa or MasterCard information, this can be done over the phone.

Will my premiums always stay the same?

The rates for your Insurance are age-banded; premiums increase as you move into a different age band at renewal. Your rates will stay the same until they are renewed annually on September 1st at which point they may increase. The rates are available on the Continuum website at www.continuumplan.com or in the package you received by mail or e-mail, along with the brochure and application form.

Product Information:

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Health Plan



INCLUDES HEALTH + VISION + EMERGENCY TRAVEL ASSISTANCE

HEALTH BENEFITS	HEALTH-CARE COVERAGE	
Prescription Drugs	80%	- Of eligible prescription drug costs with a \$5 dispensing fee cap ¹
Eyeglasses and Contact Lenses	100%	- \$125 per 24 months
Eye Exam	100%	- \$30 per 24 months
Emergency Expenses out of Province	100%	- Emergency out of province coverage - \$250,000 lifetime maximum - 30 days per trip, unlimited trips - Emergency Travel Assistance coverage
Hospital	100%	- Upgrade to Semi-Private Room - \$100 per day maximum, 60-day maximum stay - Convalescent room, \$20 per day maximum, 120-day maximum stay - Hospital allowance \$25 per day
Paramedical	80%	- Physiotherapist, osteopath, audiologist, podiatrist, registered dietician, and speech therapist require a doctor's referral - Chiropractor and naturopathic services - \$30 per visit, \$400 per Policy Year per service, overall Policy Year maximum of \$800 for all services combined
Medical Services & Equipment Expenses	80%	- Medically necessary equipment rented for temporary therapeutic use, casts, splints, trusses, artificial limbs & eyes (excluding myoelectric appliances) - Hearing Aid, \$500 every five consecutive Policy Years - Wigs as a result of chemotherapy treatment \$500 lifetime maximum - Orthotics, including Orthopedic shoes (custom made only), \$300 maximum per Policy Year
Ambulance	100%	- Coverage for ground and air ambulance
Diagnostic Services	80%	- Lab tests and x-rays - \$300 maximum per Policy Year
Dental Accident	100%	- Coverage for repair of teeth damaged by accident - \$2,000 maximum per Policy Year
Private Duty Nursing	80%	- Up to \$5,000 per Policy Year (\$25,000 maximum covered lifetime)

Annual Maximum for the Health Plan (other than out of province emergencies): \$10,000 per Policy Year, per insured person.

Policy Year: The 12 consecutive months from September 1 to August 31 of the following year.

¹ The Plan covers most medications legally requiring a prescription and is reimbursed at the rate of the lowest priced equivalent generic product.

Reimbursement will be made for eligible expenses that are not covered by the insured's provincial health-care plan.

If you are a resident of Quebec, you are required to be covered under the Régie de l'Assurance Maladie du Québec (RAMQ) or an equivalent group plan, which is the first payor for your prescription drugs. Continuum will be second payor to comply with legislation from the RAMQ.

2 Health & Dental Plan



INCLUDES HEALTH + VISION + EMERGENCY TRAVEL ASSISTANCE + DENTAL

DENTAL BENEFITS

DENTAL CARE COVERAGE

Diagnostic & Preventive

70%

- Complete exams every 36 months
- Recall exams (polishing, scaling, bitewing x-rays, topical fluoride, oral hygiene), every nine months
- Extraction of impacted teeth

Basic

50%

- Fillings, other extractions, basic restorations, endodontics (root canal therapy), periodontics, oral surgery

Reimbursement for dental expenses will not exceed the fee stated in the Dental Association Fee Guide for general practitioners in the province where the treatment is received.
Dental Plan Policy Year Maximum: \$500 in your first Policy Year, \$750 in your second and subsequent Policy Years.

Coverage:

When does my insurance coverage become effective?

Your coverage, if subject to proof of good health, becomes effective on the date your application is approved and your effective date of coverage will be shown on the personalized benefit schedule you receive with the copy of your certificate of insurance.

When does my coverage end?

Your coverage will terminate (a) on the date the monthly premium is not paid, (b) upon reaching age 65 years, (c) the date the insured person ceases to be covered by the government health-care plan, (d) the date you cease to be a Canadian resident, and (e) the date of the insured's death.

Can I cancel my coverage at any time?

Yes, coverage can be terminated by submitting a request in writing to Sun Life Assurance Company of Canada. Your coverage will be cancelled effective the last day of the month in which the request is received.

If I request cancellation of coverage can I have it reinstated at a later date?

If you cancel your coverage, you may reapply for coverage at any time by completing a new application and the accompanying medical questionnaire.

Claims:

How do I submit a claim?

For any claims inquiry and status of claims submission, please call us at 1-800-361-6212 and a representative will be able to assist you.

How do I apply?

You can apply for coverage by visiting www.continuumplan.com and filling out an application form or by call 1-800-669-7921 and asking for an application form to be mailed to you. If you have any further questions, please call the toll-free number (1-800-669-7921) and a representative will be available to assist you.