



Extended Health Plan (EHP) FAQ

2024 - 2025 Academic Year

What is the Extended Health Plan?

This program is designed to complement your existing primary insurance (ie. Simply Benefits from SOGS or other equivalent private insurance). Through the EHP you may claim the portion of a medical cost that your primary insurer has not covered. There are also a number of procedures, medications, treatments, etc. that may not be covered by your primary insurer but will still be eligible for the EHP. More details on what is and isn't covered can be found further down.

Who can access the EHP?

Any member who is a Graduate Teaching Assistant (GTA) in a given academic year (September 1, 2024 - August 31, 2025) has access to the EHP during the same academic year.

Where can I find my EHP balance?

Each member will have a starting balance of \$1000.00. If you've received a direct deposit, you can deduct the amount from \$1000 to know your remaining balance. If you've received a cheque, you will find your remaining balance on the stub of the cheque.

For any questions, contact staffpsac610@gmail.com.

What can I claim through the EHP?

Generally, we cover anything your primary insurer does and a few things they do not. Please note we only cover services offered by providers licensed by an appropriate governing body and with a prescription or medical referral. All prescriptions must be valid at the time of purchase/treatment (ie. expired prescriptions will not be accepted).

What we cover:

- Preventive or corrective dentistry (ie. non-cosmetic)
- Optical
- Alternative medicines (acupuncture, chiropractic, etc)
- Massage therapy
- Physiotherapy
- Prescriptions
- Dieticians
- Orthopedics
- Psychologists, Psychiatrists, Psychotherapists, Counsellors, etc.
- Non-prescription children's medication (with an active medical ingredient)

The list above is by no means exclusive. If you have something you're unsure about, please contact us at staffpsac610@gmail.com and we'll be happy to clarify.

What expenses can I claim related to gender-affirming care*?

- Hormones
- Electrolysis or laser hair removal
- Vocal therapy
- Surgery

*Must be under the supervision of a registered medical professional

What is not covered by the EHP?

While we try to be as flexible as possible there are some items we are not able to cover. The items below are not exclusive but rather what we are most commonly asked about. If you are unsure about something, please contact our office by email at staffpsac610@gmail.com for clarification.

- The cost of purchasing an insurance plan
- Over the counter medications for adults
- Cosmetic procedures (unless recommended by a doctor as per Appendix D 4.6 iv of the bylaws)
- Tips given to a service provider

Is direct billing available?

No. Unfortunately we are not able to provide this service. You will need to pay the cost upfront and then submit an application with the required documentation for reimbursement.

Can I claim receipts for dependents?

You can claim receipts for your spouse, common-law partner, and/or children, which comes out of your EHP balance. If the dependent is not a child, spouse, or common-law partner, please provide sufficient proof such as a tax return where they are declared as a dependent. We also need an insurance statement for your dependent showing that the primary insurer has not covered the costs.

I have a lot of receipts for both me and my family. Do I need to submit an application for each one?

No. You can submit up to 5 receipts in a single application for a variety of treatments (ex. prescription medicine, dental, massage, vision, etc.) for yourself and/or multiple members of your family. If you have more than 5 receipts, please fill out a second application.

What dates of receipts are eligible for the EHP?

All receipts submitted to the EHP must be dated within the current academic year (September 1, 2024 to Aug 31, 2025). Receipts that fall outside of these dates will not be eligible.

What are acceptable forms of receipts?

Acceptable receipts are the official receipts issued by the place providing the service and includes information about the business, service provider, type of service, date and cost. Any expense that requires a prescription (ex. glasses) or medical referral (ex. massage) must have the appropriate documentation attached. Invalid prescriptions/medical referrals will not be accepted (ex. expired prescription, medical referral without a signature, etc.)

What are the insurance claim statements and where do I get them?

These are provided by your primary insurer. It is the documentary proof that your insurance didn't cover or covered only a portion of your cost. Your statement will show one of the three scenarios: (1) the insurance company covered a portion of the costs, (2) the expense was not covered by your insurance company and was declined, (3) you have maxed-out your insurance balance and the claim was denied.

The [SOGS website](#) has instructions as to how to access the claim details we need. For other insurers, you will need to contact your insurance provider directly for information on how to access the insurance statement.

Do I really need to include my GTA contract or Duties Specification Agreement (DSA)?

Maybe. We are not provided the list of GTAs for a given term until the second month of that term and so during September, January, May, and July we are more likely to ask for a contract. During September, all applicants must provide their GTA contract for the academic year as we won't have a list yet for any term.

If you're uncertain if we have your contract on file, you are welcome to email our office at staffpsac610@gmail.com and we can check for you.

Can I submit copies of receipts?

Absolutely. We are accepting applications electronically and it is acceptable to send copies of your receipts and keep the originals for your records.

What else should I know before submitting an application?

- Applications are [available online](#) with up to 5 expense lines/receipts per application. If you have more expense lines/receipts, please fill out a second form.
- We do not process claims with a value under \$25.00
- You must fill out the application completely and correctly.
- Ensure all necessary attachments (prescriptions/medical recommendation, receipts/invoice and insurance statement) are included in your application.

Do you cover expenses incurred outside of the country?

It depends. Emergency medical services will be covered following reimbursement from your travel insurance claim from SOGS or other primary insurance. Routine medical procedures and any other non-emergent medical services will not be covered. For documents that are not in English, please provide a translation.

Claims may be assessed on a case-by-case basis. For example, we understand that a member may choose to undergo treatment in their country of origin due to a support system that is not available here, which may be considered.

For any questions, contact staffpsac610@gmail.com.

How long is the processing time once I submit an application?

Generally, the processing time is approximately 4 weeks. During the busiest months of the year (January, August, September and December) it can take longer. From time to time, there may be varying circumstances that will cause delays in processing. Ultimately, we will complete claims as quickly as possible.

What do you mean by processing?

By processing, we mean that we have attended to your application and let you know what the next step will be. Once your claim is approved we will send you an email and include your reimbursement in our next batch of payments (typically at the end of the next month).

Once my claim is approved, how will I be reimbursed?

Once your application is processed, you will receive an email indicating when the cheque will be ready or when the direct deposit will be made. We encourage all members to request the potential payments by direct deposit (AFT) for the most convenient access to funds.

- Cheques are processed at the same time as direct deposit for each batch of applications but you will need to pick them up from our office during limited office hours. We encourage members to utilise direct deposit instead, as it will be a faster method of delivery.
- Direct deposits are usually credited on the last business day of the month, please allow a few business days for the amount to show on your account.

What information do I need to submit for a direct deposit?

We require direct deposit information including your branch (transit), bank (institution), and account number related to your bank account. These three numbers and the void cheque can be downloaded as a pdf from your bank's app or website.

I have provided my banking information to Western, why do I have to provide it to you?

These benefits are provided to you by your TA union - we do not have access to your banking details unless you provide them to us.

I have provided my banking information to the union already, why do I have to provide it again?

Members may wish to have different benefits deposited into different bank accounts, which is why we request your direct deposit information for each application.

I was a TA only for the Fall/Winter term, can I submit my claim after my term ends?

Yes, you can submit your claim anytime before the end of the academic year.

What is the deadline to submit a claim?

All purchases must be made by August 31, 2025 and claims must be submitted no later than September 30, 2025.

I have spent well over \$1000 for my medical expenses, are there any other benefits I can use?

The EHP limit is \$1000.00 per academic year. Please note that there is also a Mental Health Fund with a limit of \$599.00 available to you. The Financial Assistance (FA) applications have a medical category; however, this is only for unexpected and emergency medical costs. Routine medical costs will not be covered by the FA fund. All FA applications are subject to approval by the FA committee. The 2024–2025 budget and committee approval will govern the funds that can be distributed.

Why was my application rejected for an expense that was approved last year?

Applications are being processed in accordance with the [Bylaws](#). Members who apply for the EHP are expected to supply documentation to verify that their expenses meet the criteria laid out in this policy. Your application may be rejected if it does not meet the EHP terms of reference.

Who do I contact if I have a question that isn't covered here or relates to a specific claim?

Please contact staff at staffpsac610@gmail.com.