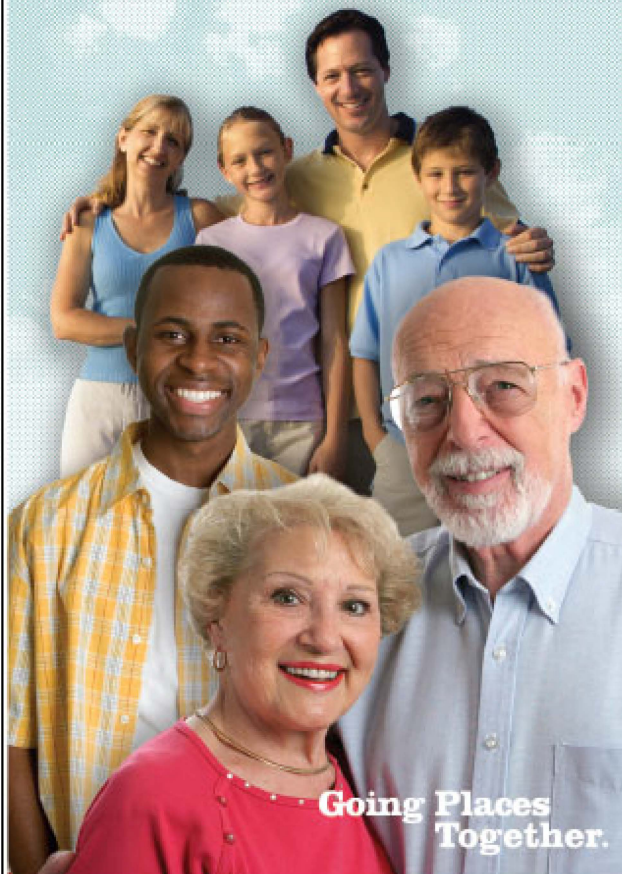


OUR

FLEX

BENEFITS PROGRAM

What you need to know about
your Health Care Spending
Account



Going Places
Together.

HEALTH CARE SPENDING ACCOUNT

A Health Care Spending Account (HCSA) can cover a range of benefits not normally covered under other types of group benefit plans, or by provincial medical plans.

The HCSA covers any medical, vision and dental expenses that qualify for a medical expense tax credit under the Income Tax Act. HCSA benefit dollars can be used:

- ◆ For expenses not usually covered under group benefit plans, such as prescribed vitamins or vaccines;
- ◆ To “top-up” payment for services not fully paid under your benefit plan;
- ◆ To cover deductibles under your plan or your spouse’s plan.

The HCSA is like a bank account for benefits. You use your benefit dollars to pay for covered expenses out of your HCSA. HCSA benefit dollars used to pay for qualifying expenses are non-taxable. That means \$1 from the HCSA buys you \$1 of eligible medical or dental services.

The amount of your HCSA is dependent on the Flex Option you selected.

Who’s eligible?

The HCSA can cover you and your eligible dependents, including your spouse and children.



The HCSA also offers two more ways a dependent can qualify:

- if your child is no longer eligible for group benefits because of student age restrictions, he or she can qualify under the HCSA;
- if there is another person for whom you are entitled to claim a medical expense tax credit under the Income Tax Act, that person is eligible under the HCSA.

This means that a dependent who doesn't qualify under a regular group plan, can qualify under the HCSA.

What about unused HCSA dollars or expenses?

If you have unused HCSA dollars at the end of the benefit year (December 31st), there is a 90 day claims run-off period, which allows for any prior year's eligible expenses to be claimed. Claims must be received by Canada Life prior to March 31st. Any unused benefit dollars remaining after this period will be forfeited.

Under plan, you can carry forward claims up to 12 months from date of service. That means if you had more expenses than you had HCSA dollars for the year, you could carry forward those claims for reimbursement when your HCSA dollars refresh in the new year.

What are covered expenses?

You are covered for 100% of expenses that you incur while you and your dependents are covered, up to the total amount of dollars in your HCSA.

The Income Tax Act governs the types of expenses that can be reimbursed under the HCSA. This includes services provided by a:

- licensed medical practitioner;
- dentist;
- nurse; or
- public or licensed private hospital.

Please visit www.cra-arc.gc.ca and search on medical expenses for a complete list.

What limitations are there on coverage?

No benefits will be paid for:

- expenses private insurers are not permitted to cover, by law;
- services and supplies to which you are entitled without charge by law, or for which a charge is made only because you have insurance coverage;
- any portion of an expense for services and supplies for which benefits are payable under another group plan or a government plan;
- cosmetic procedures;
- expenses arising from war, insurrection or voluntary participation in a riot.



Important Details About Claims

The HCSA pays on the balance remaining after all other insurance plans have paid out. That includes your group plan, your spouse's plan, and provincial plans. **For that reason, submit your claim to all other sources first before the HCSA.** Then, submit a claim for outstanding balance to the HCSA. If the claim is for an expense that is partially reimbursable via another group insurance plan(s), be sure to include the Explanation of Benefits (EOB) from that plan(s) with your HCSA claim form. Further information regarding coordination of benefits between various reimbursement plans is provided in this brochure.

There is a special form for HCSA claims, available on-line through Canada Life on GroupNet or from Human Resource Services. Use this special HCSA form when you are claiming benefits from the HCSA only.

*Please see Human Resource Services
for more information or claim forms.*

COORDINATION OF BENEFITS

Coordination of Benefits, or COB, is a benefit claim procedure developed by the Canadian Life and Health Insurance Association for individuals covered under two or more Health and/or Dental policies.

Applying this procedure ensures that you and your dependents receive the maximum eligible benefits available from all policies under which you are covered. It also outlines the method used for determining where to submit your claims first. The Explanation of Benefits (EOB) form is an important document in the application of COB. An EOB (also called a payment summary) is a letter from the insurance company which is sent to you with the claim reimbursement. It outlines the amount of the expense and how much of it is reimbursed. For drug claims paid via your drug card, your pharmacy receipt is considered your EOB.

Here's how COB works:

Your Own Expenses

1. Submit your claim to your Canada Life plan.
2. If a portion of your claim is not covered by the Canada Life plan (such as a deductible, coinsurance or an amount over a maximum), submit the EOB form (from Canada Life) to your spouse's plan (if family coverage is included) for reimbursement of the remaining portion.
3. If a portion of the claim is still not reimbursed, you may submit the EOB form from your spouse's insurer to your Health Care Spending Account.
4. If your spouse has a Health Care Spending Account, this plan would be the last payor.

In no event will you or your dependents be reimbursed for more than the actual cost of the treatment or service.

Your Spouse's Expenses

1. Your spouse will first submit their own claim to their own insurer.
2. If a portion of their claim is not payable under their own plan, the EOB can be submitted to your Canada Life plan, if you have family coverage.
3. If a portion of their claim is still not payable, the remaining portion can be submitted to your spouse's Health Care Spending Account, if applicable.
4. The last payor for your spouse's expenses is your Health Care Spending Account.

Your Dependent Child's Expenses

1. If both your Canada Life plan and your spouse's plan include coverage for dependent children, the claims should first be submitted to the plan of the parent whose birth date is earlier in the calendar year. For example, if your birth date is February and your spouse's birth date is August, the claim should first be submitted to your Canada Life plan. (In situations where you and your spouse have the same birth date, the claim should be submitted to the plan of the parent whose first name begins with the earlier letter in the alphabet.)
2. If the first payor doesn't cover the full expense, the EOB can be forwarded to the other parent's plan.

Regardless of the above rules, if the parents are separated or divorced, the first payor is the insurer of the parent with custody of the child, then the plan of the spouse of that parent, then the plan of the parent not having custody of the child and finally the plan of the spouse of that parent.

3. Health Care Spending Accounts are the final payors. To determine which Health Care Spending Account the remaining portion of the expense should be submitted to first, apply the birth date rule as described in step 1.