



Benefit

BULLETIN

FALL 2008

HEALTHTALK

Health & Wellness Companion:

Healthy ideas, online

Ever wonder how fit you really are? Have any questions about a specific drug, medical condition or test? There's a ton of information online, but is it reliable and accurate? And what about your privacy?

The solution is our password-protected Health & Wellness Companion website:

- Take the **Wellness Assessment** to understand how healthy you are and any health risks you may be facing.
- Use the **Health Library** to find up-to-date information about prescription drugs, medical conditions or diseases, and medical terms and tests.
- Create a **Personal Health File** online to keep track of your health information - from immunizations and allergies to your family history - for you and your dependents.
- Visit the News section often to read valuable articles and tips about health-related issues.

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COVERAGE CLARITY

Helping ensure your post-secondary student is covered

'Back to school' is in full swing. You can help your college or university-bound child prepare by helping ensure they're still covered under your benefits.

Dependents age 21 or older (in most cases) may still be eligible for benefits coverage if they are:

- In school full-time,
- Age 21 or older but under 25 (26 in Quebec), and
- Entirely dependent on you (the plan member).

How you can help

Confirm your over-age student's status as a full-time student when you submit their claims. This is especially important for dependents that have just become over-age students (by turning 21 years of age in most cases) or no longer qualify (by turning 25 years of age, or 26 in Quebec.)

- You need to let your benefits administrator know once your dependent qualifies as an over-age student. Otherwise, their claims will be declined.
- After that, whenever you submit claims, simply check 'Yes' where it asks you to confirm if your dependent is a full-time student.
- When they visit the dentist, your over-age student can let the dentist know that they're in school full-time. This is important because most dentists submit claims electronically.
- If your plan has Pay-Direct Drug, you can print an extra paper drug card that your over-age student can present at the pharmacy. Otherwise, simply indicate 'full-time student' whenever you submit a paper claim form for their drug claims.

Need to confirm proof of coverage?

If your over-age student's post-secondary school needs confirmation of their benefits coverage, and you use our Plan Member Services website. Students have two ways to confirm their coverage:

1. Armed with your plan's Member ID (or certificate number) and policy number, your over-age student can confirm their coverage using the

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Health & Wellness

Companion:

Click, click, health!

- Go to our Plan Member Services website (www.sunlife.ca/member) and sign in using your access ID and password, as usual.
- From the welcome page, click 'Wellness Centre' under the 'my health and well-being' tab. It's that easy!

online tools available at many schools. To find your Member ID and policy number, sign in to our Plan Member Services website. Next, click 'Quick view' (in the 'Take me to' box on the right.) Your Member ID and policy number will now appear in the top left corner of the screen.

2. You can print coverage information that your over-age student can give to their school. Sign in to our Plan Member Services website. Next, click 'Profile', 'Personal Info', and then 'Personal and dependent information.' Simply print the page that appears. Your over-age student can give it to their school. ■

HOW TO

Claiming expenses after an out-of-province medical emergency

If your benefit plan includes emergency travel coverage, the first thing you should do in the event of an emergency medical situation while traveling out-of-province is contact our travel benefit provider, Europ Assistance. Following this process means you won't likely incur any out-of-pocket expenses.

However, if you do need to claim for expenses incurred as a result of a medical emergency while traveling out-of-province, you should submit them directly to our travel benefit provider, Europ Assistance, and not to Sun Life Financial.

Here's how:

- Fill out a Sun Life Financial Extended Health Care claim form*

- Attach original receipts

Collect original and itemized receipts showing the services provided, dates, diagnosis and the names and addresses of the providers (e.g. hospital, doctor.) Make a copy of all receipts for your files.

- Mail your claim form and original receipts to:
Europ Assistance USA, Inc.
4330 East West Highway, Suite 1000
Bethesda MD 20814 USA

Once Europ Assistance receives your claim, they'll send you an Authorization and Release form requesting your permission to submit your claim to your provincial health plan on your behalf. As soon as you return the form to Europ Assistance, you'll be eligible for reimbursement. ■

Did you know?

*You can download and print a personalized Extended Health Care claim form from our Plan Member Services website. Just sign in at www.sunlife.ca/member. Click 'Take me to', 'Submit a claim', 'Claim form' and then 'Extended Health Care claim form'.



CONSUMER TIPS

Is your chiropractor also an acupuncturist?

Understanding how we process claims for practitioners with dual credentials

What are dual credentials?

Practitioners with dual credentials specialize in more than one type of practice. These practitioners have successfully completed the education and certification requirements of each specialty's regulatory or certifying body. Examples include physiotherapists who are also certified acupuncturists, or chiropractors who are also Registered Massage Therapists.

Your group benefit plan may be designed to cover the services of specified categories of treatment providers – physiotherapists, Registered Massage Therapists, or acupuncturists, for example – and not the particular service itself. This is why we need accurate billing information that reflects the qualifications of the provider performing the service.

Here are a few examples that may help you understand the differences.

Example #1: Physiotherapists who also perform acupuncture*

When you first see a practitioner, they develop a treatment plan that defines the types of recommended treatments. Your physiotherapist, for example, may use both physiotherapy and acupuncture to treat your condition.

If your treatment plan calls for acupuncture to manage pain, then your physiotherapist is still acting in the capacity of a physiotherapist, since acupuncture is within the scope of practice for a licensed physiotherapist. In this situation, if you reach your maximum under your benefit plan for physiotherapy, you would not then qualify for coverage under the acupuncture benefit since acupuncture was part of the physiotherapist's treatment plan.

Once the annual maximum under your benefit plan for the practitioner's treatment plan is reached, we are unable to process future claims under the other credential, unless the practitioner provides written confirmation that the course of treatment has changed and they are now submitting claims as a certified acupuncturist.

Example #2: Chiropractors who also perform acupuncture*

Let's say you visit your chiropractor for relief from a back injury and for help to quit smoking. Your chiropractor develops two treatment plans: one as a chiropractor, providing chiropractic adjustments for your back injury, and one as an acupuncturist, to help you quit smoking. These are two separate treatment plans, since acupuncture used to quit smoking is not within the scope of practice for a chiropractor.

In this example, the practitioner should have two sets of stationery – one for each profession. We would accept a chiropractor invoice for the back injury under the chiropractic benefit, and an acupuncturist invoice for the smoking cessation treatments under the acupuncture benefit.

However, just as in the first example, if your chiropractor uses acupuncture as a treatment for pain relief for your back injury (instead of as a separate treatment to help you quit smoking), then they would still be acting as a chiropractor and the expense would fall under that category – not acupuncture – and be subject to the maximum under your benefit plan for chiropractor.

**Each example assumes that the practitioner has the appropriate training and certification to provide acupuncture*

Summary

- Acupuncture, as a treatment modality, is within the scope of practice of a chiropractor, physiotherapist, and massage therapist. It is therefore covered under each respective benefit plan category according to the coverage definition of your plan.
- If your practitioner has dual credentials, make sure your receipt clearly indicates the appropriate credentials applicable to the treatment they provided
- Claims from certified acupuncturists are eligible for coverage under the acupuncture benefit as long as the practitioner has eligible credentials and there is some form of registration or license number indicated on your receipt. ■





A guide to good health

Seeking reliable medical information? The Health & Wellness Companion can help you with your health concerns. Visit the Health Library when you have questions about medical conditions and treatments, and the Medication Library for drug information.

Choose from over 6,000 topics – all online in the Wellness Centre



It's your health – take it personally!

www.sunlife.ca/member
 > my health and well-being
 > wellness centre

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FYI

Use our automated phone system for convenient service

You can get convenient service through our automated phone system simply by entering your access ID and password – the same ones you use to log on to our Plan Member Services website.

You can use our automated phone service to:

- Check the status of your health or dental claims
- Find out when you're eligible for your next vision care claim
- Check your Health Spending Account balance, if applicable

And because our automated phone system is available 24 hours a day, you can take advantage of the many self-serve features we offer whenever it's convenient for you. ■

What does it mean?

Understanding your benefit plan year and proof of claim period

Although it's always a good idea to submit claims as soon as possible, knowing when your benefit plan year happens and the length of your proof of claim period that follows can help you make the most of your benefits.

Benefit plan year

Did you know that your group benefit plan year doesn't necessarily follow the calendar year? While the calendar year runs from

January 1 until December 31, your benefit plan year may run from May 1 until April 30 the following year, for example. You can find this information in your employee booklet or by looking under 'coverage details' on our Plan Member Services website if you have access.

Proof of claim period

A 'proof of claim' period follows your benefit year. Essentially a grace period, the proof of claim period gives you more time – usually 90 days after your benefit year ends - to submit claims incurred during the previous benefit year.

Days, not months

Proof of claim periods last an exact number of days, not months. So a 90-day proof of claim period lasts 90 days, not three months. If your benefit plan year ends on April 30, and a 90-day proof of claim period follows, we'll process any claims you submit for the previous benefit year as long as we receive them by July 29 (not July 31 as some may assume.) Unfortunately, any claims we receive after July 29 will be denied with the message, 'We are not able to pay this expense because it was submitted after the time limit specified by your plan.'

Here's how it works

Let's say your benefit year runs from May 1 until April 30, and a 90-day proof of claim period follows. You visit your optometrist on April 16 and purchase a new pair of contact lenses. Although your benefit plan year ends on April 30, the proof of claim period gives you an extra 90 days to submit your claim. As long as we receive your claim by July 29, we'll process your claim. ■

How to reach us

- Visit our Plan Member Services website at www.sunlife.ca/member
- Call our Customer Care Centre toll-free at **1-800-361-6212**. When prompted, enter your Access ID and password. You can speak directly with one of our customer care representatives between 8 a.m. and 8 p.m. ET, Monday to Friday, excluding holidays.

Articles in Benefit Bulletin are for information purposes only. Not all benefits described may be included in your plan. Visit our Plan Member Services website at www.sunlife.ca/member or refer to your employee booklet to confirm your coverage. Consult your physician or other health care professional before acting on anything you read, and with respect to any symptoms you may experience.