



Your
**Paramedical
Benefits**

Your group benefits plan provides valuable coverage for a number of paramedical services.

Paramedical services refer to treatments from health care providers such as:

- Physiotherapists
- Podiatrists
- Chiropractors
- Acupuncturists and more.
- Massage therapists

Unfortunately, fraudulent activity related to these services does occur. Some examples of this can include:

- Services may be rendered by unqualified or ineligible providers. In this case, you may receive a receipt that's in the name of a service provider who did not render the service.
- Providers rendering services or dispensing products not covered under your benefits plan, but issuing receipts for covered services.
- Providers issuing receipts or submitting claims on your behalf for services that you never received.

Being a victim of fraud can happen to anyone. It's important to understand how it occurs and the steps you can take to help protect your benefits plan.

6 tips to help fight against paramedical fraud



1. Protect your personal information.

It's never a good idea to sign a blank claim form or give a service provider your personal information. This includes anything that would allow them to log into your mysunlife.ca account and view your claims history and update your personal information.



2. Check your online claims regularly.

Sign into mysunlife.ca or the **my Sun Life mobile app** and ensure you're aware of all claims submitted and paid under your benefits plan. When you submit a claim, you should review all claims and payments on your claim statement (Explanation of Benefits). If the claim statement doesn't match the service or treatment a provider gave you, contact our Client Care Centre at **1-800-361-6212** immediately. Failure to resolve or correct errors or inconsistencies could result in:

- Overpayment of fees.
- Reaching your financial maximum for a product or service, which might result in the denial of future claims.



3. Don't substitute products or services.

Watch out for the following red flags:

- A service provider suggests substituting one covered product or service for something that you don't have coverage for under your plan.
- A service provider offers to issue you a receipt in the name of a family member who didn't receive a service.

Some common examples of fraudulent substitutions include receiving:

- a spa treatment instead of a therapeutic massage;
- personal training instead of physiotherapy.



4. Keep your receipts for at least one year.

Make sure your receipts are correct and reflect the service or treatment you actually received. If your paramedical service provider submits claims for you, check your copy of this information with the claims statement to make sure the information is correct. It's important that you keep your receipts for at least one year. Sun Life may need more information from you about the treatments and services you received. Please respond to these requests so we can ensure the payment of your claim was correct.



5. Understand your coverage.

Know what treatments and services your plan covers and understand the limits that apply under your plan. You're required to pay any amounts not covered by your benefits plan. Any cost sharing within the benefits plan is part of the benefits plan agreement between the insurer and the plan sponsor and therefore cannot be waived, even if the provider suggests it.



6. Ask question.

Don't hesitate to question the treatments or services a provider is prescribing to you. If you're unsure, get a second opinion.

Why benefits fraud matters to you

Benefits fraud costs Canadian employers hundreds of millions of dollars each year.¹ This means it can have a direct impact on the benefits coverage you receive under your employer's plan.

Fraud can increase the costs to your benefits plan. It can also lead to higher premiums for you and/or your employer. To help manage increasing costs, your employer may decide to cover fewer services and products. They may also decide to lower the coverage limits that apply under your plan now.

Sun Life's role fighting fraud

Sun Life has a comprehensive fraud prevention, detection and investigation program. We also have a zero-tolerance policy when it comes to fraud. We invest in anti-fraud technologies and resources to help protect you, your employer and your benefits plan.

¹ Canadian Life and Health Insurance Association website: www.clhia.ca

Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. GB9472-E 08-21 np-mp

Report suspected fraud

If you suspect fraud or benefits plan abuse, please email clues@sunlife.com or call toll free at **1-888-882-2221**.



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