MDM Insurance Services Inc.

THE GUARDIAN

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Claims Issues

Out of Country Claims Guidelines

It is sometimes confusing trying to figure out how to proceed if you require medical attention while outside of Canada.

If you are admitted to a hospital Out of Country:

1. It is imperative the Emergency Medical Travel Assistance* hotline be contacted within 48 hours of an emergency hospital admission. The hotline numbers can be found on your MDM wallet card.
2. The Medical Travel Assistance service will then advise you how to proceed.
3. The Medical Travel Assistance service will assume responsibility for your medical expenses.

* The Co-operators Emergency Medical Travel Assistance hotline provides insured travellers with 24 hour access to the health care benefits covered by your Extended Health Care group benefits plan.

If you require emergency services of a physician or hospital but do not require hospital admission:

1. Request itemized statements or receipts.
2. Charges should be paid out-of-pocket and submitted for reimbursement upon return to your province of residence.
3. Send your claim to your Government Health Insurance Plan first, and retain copies of your receipts. Submit the copies of your receipts and the payment statement from your Government Health Insurance Plan to MDM Insurance Services Inc. for consideration of any unpaid balances.

For Out of Country drug claims:

Submit your prescription receipts to MDM Insurance Services Inc. for consideration under your Extended Health Care benefit.

For Out of Country ambulance claims (Ontario residents only):

Submit your ambulance service receipts to MDM Insurance Services Inc. for consideration under your Extended Health Care benefit.

Please refer to your benefit booklet for more information.

If a medical emergency arises while travelling, just call the International Emergency Medical Travel Assistance hotline for help. A qualified representative will:

- ✓ Assist in a medical emergency by giving advice, referring local doctors, and by giving the location of hospitals and other helpful medical information in the area.
- ✓ Confirm your medical coverage to doctors, hospitals, or other providers of medical services.
- ✓ Arrange your admission to an appropriate hospital of your choice.
- ✓ Make an advance payment to a medical facility or doctor if requested by The Co-operators.
- ✓ Supply details of your condition to your family or employer upon request.

The following information must be provided when a call is made to the Emergency Medical Hotline:

- ➔ your name and location
- ➔ group name (company name)
- ➔ policy and division number
- ➔ effective date of your Extended Health Care coverage
- ➔ name of insurance company
- ➔ any information you have on your emergency

Identification information is found on the International Medical Assistance Identification Card issued to each insured individual.

Assistive Devices Program

The Ontario Ministry of Health runs the Assistive Devices Program (ADP) to help people who have long-term physical challenges pay for necessary equipment. The ADP may pay up to 75% of the cost of items such as artificial limbs, orthopaedic braces, wheelchairs, and breathing aids. For other items, such as hearing aids for adults and breast prostheses, the ADP contributes a fixed amount. Additionally, for some items such as ostomy supplies and needles and syringes for insulin-dependent seniors, the ADP pays an annual grant directly to the person.

Who can apply?

Any Ontario resident who has a long-term physical disability, as defined by the Ministry of Health, and a valid Health Card issued in his/her name may apply. Funding may be granted for individuals of all ages, regardless of income. The ADP does not pay for equipment eligible for coverage under the WSIB or Veteran Affairs.

What type of equipment may the ADP cover?

- communication devices
- pressure modification devices
- diabetic supplies
- respiratory devices
- ostomy supplies
- wheelchairs, positioning, and ambulatory aids
- prosthetic devices (breast, limb, ocular, maxillofacial)
- hearing devices
- visual devices
- orthotic devices
- enteral feeding supplies

How should claims be coordinated with the ADP?

Equipment and supplies eligible under the ADP should be claimed first through this program. Copies of the original claim and the ADP's payment should then be submitted to your MDM group insurance plan for consideration of the balance.

For more information call the Assistive Devices Program at 1-800-268-6021, or visit the website: http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html

Administration Issues

Spotlight on Survivor Benefits

The death of an employee is a trying time for the surviving family members. Although important for the family members, maintaining adequate Extended Health Care and Dental benefits for themselves is likely the last thing on their minds.

In order to assist the family at this difficult time, many group policies contain a *Survivor Benefit*. This benefit allows for the continuation of Extended Health Care and Dental benefits for the surviving dependents of the employee for the time period specified in the policy. During this period premium payments are *not* required and the benefits will be *automatically* instated.

Dependents will remain eligible for Survivor Benefits as long as:

★ your group policy with MDM Insurance Services Inc. remains in force, and

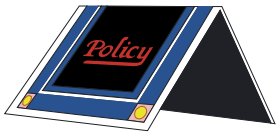
★ the Survivor Benefit remains in place under your contract, and

★ the dependent does not become eligible for benefits under any other group insurance plan (either as an employee or a dependent), and

★ the dependent meets the definition of dependent found in your policy.

Check your benefit booklet to determine if you have this enhancement in place.

The New Designation of Beneficiary Form



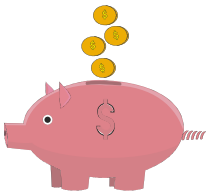
MDM has introduced a new comprehensive Designation of Beneficiary form, replacing the old Designation of Beneficiary card. This new form should be used if the beneficiary information provided on the employee's enrolment form needs to be changed and in cases where the beneficiary section of the enrolment form was incorrectly completed.

It is imperative that the Designation of Beneficiary form be completed correctly in order for the insured's wishes to be carried out in a timely manner upon his/her death. Particular attention should be given to Section B - Beneficiary Designation. If an employee names more than 1 Primary Beneficiary, upon payment of any benefit, they will be paid equal shares unless otherwise indicated. The same guidelines apply to the naming of the Contingent Beneficiary(s). However, it must be noted that the Contingent Beneficiary(s) is entitled to the benefits only in the event the Primary Beneficiary(s) predeceases the insured. Also of importance, should the insured name a minor (person under age 18) as Primary or Contingent Beneficiary, he/she should name a person of the age of majority as trustee.

As with the Enrolment Form and old Designation of Beneficiary card, the new Designation of Beneficiary form must be signed and dated by the employee as well as witnessed by someone other than the beneficiary.

Please contact us to obtain copies of this new form!

MDM Cost Plus Program



The MDM Cost Plus Program covers legally reimbursable medical and dental expenses (as per the Income Tax Act) that would otherwise not be covered by the insurance contract. These include:

☞ deductibles and co-insurance;

☞ amounts in excess of the maximum benefit levels;

☞ normally excluded expenses such as cosmetic treatment;

☞ expenses not insured because of plan restrictions;

☞ for services received out-of-province;

☞ vision care (e.g.., glasses, contact lenses);

☞ for services received in Ontario that have been partially covered by OHIP, the portion not covered will be reimbursed under cost plus.

Cost Plus also covers legally reimbursable medical and dental expenses for persons that would otherwise not be covered by the insurance contract, such as employees who are over the benefit termination age (e.g., over age 70).

Employees eligible for participation in a Cost Plus Program must be identified by class such as owners, managers, full-time employees, etc. (method of selection cannot violate the Human Rights Legislation).

Benefits of a Cost Plus Program:

- Deemed as non-taxable income in the hands of the employee (except in Quebec).
- Not charged to plan experience (i.e., the cost plus claims are not considered for renewal purposes under the insurance contract).
- There is no monthly premium. A service fee and applicable PST and Premium Tax is applied on a per claim basis.
- Employees have one (1) year from the date the expense is incurred to submit their claim.

The Cost Plus program is an optional program. Unlike an insured plan, no monthly invoice is issued to the employer nor is a monthly premium charged. All applicable service fees and taxes are applied on a per claim basis.

Please contact us for more information on how your group can benefit from a Cost Plus Program.

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