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The Late Applicant Process

The late applicant process, although relatively simple, can be time-consuming and less than advantageous for your employee. An employee and/or their dependent(s) (if applicable) are considered to be late applicants when they have not been added to the plan within 30 days of their eligibility.

The first step in the late applicant process is for both you and your employee to complete the Late Applicant Waiver Form provided by MDM. Once completed and returned to MDM, the Health Evidence Questionnaire(s) for the employee and/or their dependent(s) (if applicable) will be sent out. After MDM has received the original signed questionnaire, the next step is the Medical Underwriting review process. Please note that coverage becomes effective only after their approval. Any fees or charges incurred by the employee to obtain further medical information are the responsibility of the employee or the employer. MDM and the Co-operators reserve the right to decline to extend coverage to the employee and to any or all of their dependents. If approved, dental coverage will be limited to a previously notified dollar maximum within the first year of coverage on the plan. While dental benefits are limited, full premiums will be due and payable. The alternative to this process is to add the employee and/or their dependent(s) retroactively to their eligibility date, paying all back premiums due.

In order to avoid these late applicant inconveniences and disadvantages, it is important that a new employee Enrolment Form be completed and submitted to MDM, and that any changes to their family status (e.g. marriage, birth of a child, or addition of a common-law spouse) be communicated to MDM within 30 days of their eligibility.

Ontario's Assistive Devices Program

Ontario's Assistive Devices Program (ADP) provides consumer centered support and funding to Ontario residents who have long-term physical disabilities, as well as provides them with access to personalized assistive devices appropriate for their individual basic needs.

Equipment Funded by ADP

ADP covers over 8,000 separate pieces of equipment or supplies in the following categories:

- prostheses
- wheelchairs/mobility aids
- enteral feeding supplies
- monitors and test strips for insulin-dependent diabetics
- insulin pumps and supplies
- hearing aids
- respiratory equipment
- orthoses (braces, garments and pumps)
- visual and communication aids
- oxygen and oxygen delivery equipment

Grants are provided for ostomy supplies, breast prostheses, insulin pump supplies and needles and syringes for insulin-dependent seniors.

Eligibility

Eligibility includes any Ontario resident who has a valid Ontario Health card issued in their name and has a physical disability of six months or longer, and within each device category, there are specific eligibility criteria which apply. The equipment cannot be required exclusively for sports, work, or school purposes, and ADP does not pay for equipment available under the Workplace Safety and Insurance Board (WSIB) or to Group "A" veterans for their pensioned benefits.

An individual who has a chronic illness or dysfunction that requires long-term oxygen therapy may be eligible for home oxygen funding.

Should you have any questions, please contact us at: 1-800-838-1531 or via e-mail: inquiry@mdm-insurance.com and we will be happy to assist you.

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What is Covered Under the Vision Care Benefit?

Eligible vision care expenses include:

(1) Prescription lenses and frames. Services that do not provide for the correction of one's vision (i.e. tinting) are not eligible.

(2) Prescription contact lenses including assessment, fitting and evaluation. Cosmetic contact lenses that do not provide for the correction of one's vision are not eligible. Cleaning kits, solutions or accessories are ineligible as well.

Points to Remember:

- Your vision care purchases must be dispensed by a licensed Ophthalmologist, Optometrist or Optician.

- In order for the claim to be considered, the original receipt must be submitted. Should the original receipt become necessary for warranty purposes, it will be returned.

- An eligible receipt must contain the complete description of item purchased, its cost, the date the item was dispensed, and the name of the Ophthalmologist, Optometrist or Optician who dispensed the item.

- The date the item was dispensed is used to determine eligibility. This may not always be the date it was ordered or even the date it was paid for.

Rolling Benefit Periods

Most Group Benefit Plans reimburse eligible expenses based on a calendar year (January 1st to December 31st) or insured year (eg. April 13th to April 12th) period and are subject to annual benefit maximums. However, frequency limitations may be based on a Rolling Benefit Period.

Expenses that are adjudicated on a rolling benefit period (e.g.: vision care, periodontal scaling) are adjudicated differently than those on a calendar/insured year basis. The eligibility of the expense is determined by counting backwards from the date of service. See example below:

John Smith works at ABC Company and this employer offers a Group Benefit Plan to its employees. One of the benefits is $100/24 months for Vision Care (prescription eyeglasses, contact lenses).

John purchased his first pair of contact lenses on November 20, 2006 for $60.00. He submitted his receipt to his insurance company and was reimbursed $60.00 for his contact lenses. On September 10, 2007 John purchased a pair of eyeglasses for $150.00. He submitted his receipt to his insurance company and was reimbursed $40.00.

On November 25, 2008, John purchased an additional pair of contact lenses for $80.00. He submitted his receipt to his insurance company and was reimbursed $60.00. Only $60.00 was eligible as John had been reimbursed $40.00 in vision care expenses in the preceding 24 months.

Drug Dispensing Limitations

While covered under your plan, your employees are permitted to purchase eligible prescription drugs up to, but not exceeding, a maximum 100 day supply. However, upon termination of their coverage, prescription quantities reimbursed will not be permitted to extend beyond the number of remaining days of coverage, and considering any quantities the employee may already have on hand.

Example: An employee's coverage will be terminating on a specific date, leaving 10 days of coverage remaining. If he/she has a 4 day supply of medication already on hand, and requests a 100 day supply refill from their pharmacy, only a 6 day supply of medication would be eligible for reimbursement. This would also apply to any new prescriptions: no more than a 10 day supply would be reimbursed.

This policy provision is in place to protect you, the employer, from having to bear the cost of drugs that will be consumed after the employee's employment with you has ended.

Declaration of Student Eligibility Forms

Once an employee's dependent child reaches a specified age (typically 19 or 21 years), verification of student status is required. Prior to the child's birthday, a letter is sent out requesting student information. This letter must be completed by the employee and returned to our office in order for coverage to be continued for the dependent child.

Student verification letters are also sent out three times per year, coinciding with most school semesters, to ensure the child is still attending an accredited educational institute on a full-time basis. Each of the three letters must be received in our office by the dates stipulated in order for the dependent's coverage to be maintained.

In addition to the verification letters, ***student status must be confirmed on each claim form submitted***. Both our medical and dental claim forms contain patient information sections which must be completed in order for reimbursement to be considered. These sections require the employee to indicate whether his or her dependent is a student as well as the name of the educational institution the child is attending. Once the information is entered and the employee has signed the form, the claim form becomes a legal document. By signing the form, the employee is confirming that his or her dependent was still in fact attending school on the date of service.