

The PA Advocate

Summer 2019



Easy Administration

- Adding Employees or Dependents to your Benefits Plan
- Understanding the Non-Evidence Maximum Report

PA News

- WEBS Session Time Limits
- Reasonable & Customary Limits Posted
- Manitoba RST Change

Important Reminders

- Digital Benefits Card

Power Tools for Plan Administrators

- Free Monthly Webinars
- Online PA Knowledge Base



EASY ADMINISTRATION

ADDING EMPLOYEES OR DEPENDENTS TO YOUR BENEFITS PLAN

As life events take place or new employees are hired, any plan changes need to be communicated to ensure all coverage information is up to date.



How much time do you have to notify the insurer?

All new members joining your benefits plan or any life changes with your current members (such as change in marital status or number of dependents) must be communicated within 31 days from the date of eligibility or change. If the member or dependent is not enrolled within 31 days of becoming eligible, they may be deemed a late applicant.

What happens if the insurer is not notified within the time frame?

If the insurer does not receive notice within 31 days of a change, the employees' coverage may be denied until medical evidence is submitted and approved. Late communication of changes may result in unnecessary delays in benefit payment or denial of coverage.

If you have a late applicant, please check with your GroupHEALTH Representative for the provisions that apply to your plan.

UNDERSTANDING THE NON-EVIDENCE MAXIMUM REPORT

This report shows members who recently became eligible for higher volumes of insurance based on their salary and the plan design, but for which medical evidence is required in order to qualify.

Premium costs shown on the report are based on current rates and may change in the future. They are presented for comparative purposes only. It is important to advise the members of this option to apply for the higher coverage.

If any of the members listed on the report wish to apply for the additional volumes indicated, please have them complete Evidence of Insurability forms and return them to GroupHEALTH Benefit Solutions.

Note: A separate application is not required for the AD&D/ASI benefit, if applicable. This benefit will be increased if an approval is received for the Life benefit. Should you have any questions, please contact your GroupHEALTH Representative.



PLAN ADMINISTRATOR NEWS

WEBS SESSION TIME LIMITS

We have recently added timed sessions to WEBS activities. If you are inactive within your WEBS account for 30 minutes, your session will time-out and you will be automatically logged out. Because of the confidentiality of the information that is stored in WEBS, this feature aims to provide enhanced security to users, reducing data exposure time.

If you have questions about this change, please speak with your GroupHEALTH Representative.

REASONABLE & CUSTOMARY LIMITS POSTED

Reasonable and Customary limits help ensure claims adjudication is fair and consistent. Limits are based on a number of factors, including pricing from practitioner associations, competitive analysis and insurer practices.



Reasonable and Customary limits for Paramedical practitioners are now available, by province, on the PA Knowledge Base. The attached document displays the R&C limits as of January 2019. Please note that the R&C limits will be updated in the coming weeks. We will post an updated document on the PA Knowledge Base.

Communicating This Change To Employees

R&C limits will soon be available for members on myGroupHEALTH as well as on the member login section of grouphealth.ca.

MANITOBA RST CHANGE

Effective July 1, 2019, Manitoba will be decreasing Retail Sales Tax (RST) from 8% to 7%. RST applies to all insurance premiums that are due on or after July 1, 2019, regardless of when they were issued.

Please take note of the billing changes that will be in effect when this change is initiated on July 1, 2019.

If you have any questions, please contact your GroupHEALTH Representative.

IMPORTANT REMINDERS

USING A DIGITAL BENEFITS CARD

Every GroupHEALTH benefits plan includes access to a digital benefits card on the GroupHEALTH app.

This means that plan members can take their benefits information with them wherever they take their phone: there's no need to store a paper card in their wallet, and they never have to worry about misplacing their card at home or at a practitioner. It's even available on the phone without a network or WIFI connection.

Download the GroupHEALTH app on iTunes or from Google Play.

POWER TOOLS FOR PLAN ADMINISTRATORS

ONLINE KNOWLEDGE BASE

Everything you need to know about administering your benefits plan, at your finger tips. You can find the Knowledge Base here:

<https://clienthelp.grouphealth.ca>

FREE MONTHLY WEBINARS

Get helpful tips and training on WEBS, Enrol-Me Online and more.

Find the Webinar registration link on the home page of the Online Knowledge Base.

QUESTIONS OR COMMENTS?



Please contact your GroupHEALTH Representative.