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## Group Benefits Administrative Update

Important information for Plan Administrators

### Second Quarter 2001

#### Welcome

This is Manulife Financial's second quarter 2001 Administrative Update. Each quarter, if needed, we'll send you important information on changes in coverage, process improvements, legislative news, or reminders about issues that require the immediate attention of plan administrators. We hope you find this to be a helpful resource in the administration of your Group Benefits plan. Please keep this Administrative Update on file with your contract for future reference.

#### Laser vision correction covered beginning November 1, 2001

Effective November 1, 2001, laser vision correction (also known as laser eye surgery) will become an eligible vision care expense under Manulife Financial "standard" extended health care plans that include coverage for vision. The procedure will be subject to your plan's existing vision care maximum (for example: \$150 every two years).

Plan members now have another alternative to consider, along with prescription eyeglasses and elective contact lenses, when deciding which vision correction option is best for them. Claims can be submitted using the same form and process used for glasses and contacts. Please remind your plan members that a licensed ophthalmologist must perform the procedure and that coverage will begin November 1, 2001.

An information sheet describing laser vision correction, suitable for copying and distributing to your plan members, is included with this Administrative Update.

#### Disability documents: Fax or mail, the choice is yours!

In our effort to make the claims process as convenient as possible, Manulife Financial now accepts an expanded list of disability forms and documents via facsimile. Easing our requirements for original copies will eliminate duplication and bring greater efficiency to the disability claims process. It will also save time and reduce postage

costs. Of course, anyone wishing to submit documents by regular mail is still free to do so.

Now, **with the exception of items listed below**, most disability forms and documents can be submitted via fax, provided the person sending them retains original, signed copies on file. Plan members will also want to convey this information to their physicians.

Documents for which **original copies remain absolutely essential** are:

- Physician’s clinical notes (for purposes of clarity).
- Long-Term Disability (LTD) applications.
- LTD direct deposit form for benefits over \$2,000 per month.
- Short Term Disability (STD) direct deposit form for benefits over \$750 per week.
- Activities of daily living (ADL).
- Authorization to communicate.
- Beneficiary section of Life Claim application.
- Beneficiary/enrolment cards – Life claims.
- Wills, letters of probate/administration – Life claims.
- Proof of Death (claims over \$5,000.00) – Life claims.

The following fax numbers may be used for **disability claims only**:

Disability Office	Fax Number
Calgary	403-263-5169
Halifax	902-429-7292
Montreal	514-286-6738
Toronto	416-341-7917 <b>or</b> 416-341-7919
Waterloo	519-579-3680
Winnipeg	204-956-1393
Vancouver	604-662-7076 <b>or</b> 604-608-0675

## Smoking-cessation products: A new combined maximum for Quebec plan members

As of April 1, 2001, Quebec's Drug Insurance Plan (RAMQ) added Nicorette® gum and Habitrol® to the regular formulary, subject to the same maximum as Zyban® and NicoDerm® patches. The combined maximum is currently \$500 per year. Drug plans covering Quebec plan members have automatically been updated to reflect the RAMQ change.

## Audit process protects your benefits plan

Occasionally, plan members may be asked to complete a claim audit questionnaire in order to confirm that they have actually received the services their health and dental providers have billed for. This helps us resolve questionable claims, and protects your benefits plan from possible fraud and abuse.

Claim audit questionnaires may be sent when the provider of a service or treatment has submitted the insurance claim directly to Manulife Financial on the patient's behalf (this is called assignment of benefits). These letters are sent when insufficient information has been provided; when our claims analysts have reason to question the validity of a claim; and to some randomly selected claimants. Your members should be reminded that **we cannot reimburse such a claim if the patient refuses to respond to our request for information.** It's also necessary for the patient to personally complete the questionnaire, rather than pass it along to the doctor or practitioner to complete.

Manulife Financial's experienced industry consultants and claims analysts use the latest technology available to identify questionable, improper, and fraudulent practices *before* payments are made. If uncontrolled, these types of claims result in increased costs for plan sponsors and/or decreased health benefits for plan members. It is our responsibility to ensure that all services billed are valid, and that all claims are adjudicated according to the terms of your plan.

Large or small, fraud can cost your plan, your plan members, health care providers, and insurance companies. If you or your plan members suspect fraud or abuse of your benefits plan, your concerns can be reported anonymously at 1-877-481-9171. Or e-mail us at [gb.investigative.services@manulife.com](mailto:gb.investigative.services@manulife.com)

## Extended health care and dental claim forms are e-changing

In Fall 2000, as part of our on-going e-business initiatives, Manulife Financial announced upcoming improvements to the look and layout of the standard extended health care (EHC) and dental claim forms. These changes will be applied to our customized overprinted forms effective at the end of June 2001. These changes will allow us to offer you more technology-based alternatives including internet and intranet options.

Our paper dental claim form has been redesigned to more closely resemble the Canadian Dental Association (CDA) claim form—the format favoured by dental care providers. This paper dental format is more efficient than our current two-page form.

If a member is submitting a paper dental claim form provided by the dentist, we do not require a Manulife Financial claim form to be attached to it. A fully completed CDA claim form provides us with the correct information required to process the claim.

Another change that will be implemented on both our new dental and extended health care claim forms is the removal of the peel-off return address label. Instead, the return address will be clearly indicated under the heading of 'mailing instructions.' Our analysis of customer usage patterns indicated the majority of our members were not using the sticker. It is important to note that currently, a full 50% of dental claims are submitted to Manulife Financial electronically. For dental claims that are submitted via a paper format, 70% of all claims are dental office produced claim forms only. Eliminating the peel-off label moves us one step closer to a common format that can also be provided electronically.

Please continue to use the current Manulife Financial EHC and dental claim forms until your current supplies are exhausted. To order new claim forms, use the Materials Re-Order Form (GL0006E) included in your Plan Administration Kit.

Additional copies of the Materials Re-Order Form, the new EHC claim form, and the new dental claim form can all be printed directly from the Manulife Financial Group Benefits web site [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits). Or, it's possible to obtain an electronic file containing the EHC and dental claim forms in .pdf format, suitable for posting to your company intranet site. To do so, contact your Manulife Financial Group Benefits representative.

## Act now on these important reminders

The following topics affect most Manulife Financial group benefits plans and require the immediate attention of plan administrators.

### Confirm over-age student dependent enrolment by July 31, 2001

**This message does not apply to groups that are plan administrator validated and do not use the ManuScript drug plan, or groups that provide us with member information updates on tape or diskette—these groups can continue to submit over-age student dependent information through their regular methods. All other groups are asked to follow the process outlined below.**

Every year plan members wishing to extend health and/or dental benefits for their over-age dependent children who are full-time students must complete and return a confirmation of enrolment form to Manulife Financial. **If confirmation of enrolment is not received by July 31, Manulife Financial will assume that over-age student coverage is no longer required. Claims for these individuals will be**

**declined after August 31, 2001.** A sample of the form, suitable for copying and distributing to your plan members, is attached to this Administrative Update.

An over-age student dependent is a plan member's unmarried child (within an age bracket as defined by your benefits plan) who is a full-time student enrolled in post-secondary education. Timely annual confirmation is especially important if plan members and their dependent children use ManuScript managed drug cards at the pharmacy, or submit dental claims electronically from their dentist's office.

During the school year, if a plan member's over-age student dependent discontinues enrolment in a formal education program (graduates, quits or leaves school, or no longer qualifies as an eligible dependent), Manulife Financial must be informed immediately. Complete sections 1, 4, and 5 of the Request /Termination of Over-Age Dependent Coverage form (GL0514E), available on-line by visiting [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits) and clicking on "Forms/Administration forms."

## Sign-up now for convenient pre-authorized monthly premium payments

Pre-authorized debit (also known as electronic funds transfer) is a convenient payment option available to groups whose benefits plans are administered by Manulife Financial. Premiums can be electronically debited from your bank account on the 10<sup>th</sup> day of each month and instantly credited to your Manulife Financial Group Benefits account. Once you sign up for pre-authorized payments, you'll quickly realize a number of benefits:

- You'll save the time and the nuisance of producing a monthly premium cheque.
- There's no risk of a payment being lost in the mail or overlooked.
- Your payments are drawn on the same day each month, making it easier to track accounts payable.

To sign up for pre-authorized premium payments, contact your Manulife Financial representative.

Changing your banking information. After you've enrolled for pre-authorized premium payments, if you ever need to change the bank account from which your payments are drawn, simply send a void cheque for your new account to our Billing and Payments Department:

Box 1627  
380 Weber Street North  
Waterloo, ON N2J 4P4

## Need more information?

For more information on how any of these changes or reminders affect your Group Benefits plan, please contact your Manulife Financial representative. In the event that these changes impact upon your contract/policy, updated pages will be provided the next time a new contract or policy is issued.