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## Group Benefits Administrative Update

### Important information for Plan Administrators

**Fourth Quarter 2002**

#### Inside this issue

Manulife Financial's fourth quarter 2002 *Administrative Update* contains information about:

- Manitoba Pharmacare
- Reporting Earnings Information
- Secure Internet Site Registration
- Claims Submissions . . . and more!

This *Administrative Update* and previous editions are available on our web site at: [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits). Click on "Newsletters."

*Administrative Update is provided to share information with Plan Administrators. It is not intended as advice. Although we strive for accuracy, we are only bringing summaries and highlights to your attention. Please refer to your Group Policy for complete terms and conditions. If there is a discrepancy between our communications and the Group Policy, the terms of the Policy will apply.*

#### News updates . . .

### Introducing new health and dental claim statements!

On December 1, 2002, Manulife introduced new health and dental claim statements. With a friendlier, easier-to-read design, these new statements will help plan members understand their benefits better.

Over the next few months, each plan member will receive a brief brochure outlining the changes to the statements upon the submission of his or her first claim. To see a sample of the new statements, go to [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits) and click on "Plan Administrator."

## Increased thresholds for Manitoba Pharmacare

### Coverage details

Manitoba provides prescription drug coverage to all residents of the province through Pharmacare, its provincial drug program. Pharmacare pays 100 per cent of eligible drug expenses for each resident after he or she reaches a pre-determined deductible each benefit year.

Manulife Financial's standard drug plans supplement government drug programs, and normally cover eligible drug expenses not reimbursed under a government drug plan. Manitoba residents can claim eligible expenses they use to satisfy their provincial deductibles through their Manulife plans.

### Established thresholds ensure proper claims adjudication

The Manitoba Pharmacare deductible varies for each plan member. It's calculated based on family income and the number of dependants in each family. (See "Deductible Calculations" on page 3.) Because each plan member's deductible varies, Manulife has established threshold limits on the ManuScript and reimbursement claims paid until proof of enrolment in the provincial drug plan is submitted. These thresholds ensure accurate claims adjudication between Manulife and Manitoba Pharmacare. **Threshold limits are based on the average individual's or family's deductible amounts.**

Eligible drug claims submitted by Manitoba residents to Manulife Financial are paid up to the established thresholds. When a member's expenses reach the threshold, we advise the member and request a copy of his or her current Pharmacare application form. This helps Manulife track each member's expenses accurately, and ensure expenses are reimbursed correctly. Once a copy of the member's application form is received, Manulife continues to cover eligible drug expenses not reimbursed by Pharmacare.

### What's changing?

**Effective January 1, 2003 Manulife will increase the threshold levels to reflect a more accurate deductible level with the Manitoba Pharmacare drug plan.** Manulife will now cover an increased level of expenses but will continue to request confirmation of Pharmacare enrolment to ensure proper claims adjudication.

If the plan member living in Manitoba is ...	and total accumulated drug expenses are ...		then ...
	New thresholds (January 1, 2003)	Previous thresholds	
Under 65 years of age	below \$1200	below \$750	Eligible drug claims submitted to Manulife will be paid.
	above \$1200	above \$750	Manulife will require a copy of the Manitoba Pharmacare application for the current benefit year before further drug claims can be processed.
65 years of age or older	below \$800	below \$200	Eligible drug claims submitted to Manulife will be paid.
	above \$800	above \$200	Manulife will require a copy of the Manitoba Pharmacare application for the current benefit year before further drug claims can be processed.

### ***New Feature – Automatic re-enrolment now available***

***Tell your plan members so they can save time and avoid inconvenience!***

Manitoba Pharmacare's benefit year runs from April 1 to March 31. Enrolment is not mandatory and residents are required to register for coverage annually by completing application forms available at local pharmacies.

Rather than registering for coverage every year, plan members can now elect an annual automatic re-enrolment for Manitoba Pharmacare by choosing this option on the application form. Every year they will be automatically enrolled and will avoid future paperwork.

### **Deductible Calculations**

*In Manitoba, deductible levels vary based on the income level of each family unit (of one or more members), and the number of dependants in the family. Family income is first reduced by \$3,000 for a spouse and each dependent child.*

*Deductibles are then calculated at:*

- *2.1 percent of adjusted annual income when it is \$15,000 or less;*
- *3.15 percent of adjusted annual income when it is more than \$15,000.*

## The importance of timely and accurate information . . .

### Updated earnings information required for plan members

It is important that plan administrators notify Manulife of all changes to plan member information to ensure accurate premium calculations and proper claims adjudication. If your group benefits program with Manulife Financial provides Disability and Life benefits based on your plan members' earnings, and if Manulife produces your billing, it is especially important to keep plan member earnings information up-to-date to ensure claims can be calculated correctly. When a member submits a claim, his or her earnings information is used to calculate the benefit amount. If this information is not up-to-date, the benefits payable to the member will differ from the amount the member expects, and may be entitled to.

Current earnings information helps Manulife ensure plan members receive appropriate coverage, based on the provisions of their plans' contracts. Manulife cannot be responsible for the difference between benefits based on the member's last reported earnings and the member's current earnings.

#### Required earnings information

Plan sponsors with earnings based benefit plans are obligated to submit earnings updates to ensure plan member coverage is consistent with the terms of their contracts.

If your plan provides benefits based on your plan members' earnings, your Group Policy includes details about earnings-related benefits and defines "earnings." This can help to clarify whether overtime, bonus and/or commissions must be included in each plan member's earnings update.

#### Report earnings information as changes occur

Earnings changes, including effective dates, should be reported on or before the date those changes occur. If earnings reports are overdue, a reminder will be issued six months in advance of policy renewal to help ensure plan member earnings information is updated to reflect current member data. **However, it is important to keep this information current throughout the year to ensure plan members' claims can be processed quickly and accurately.**

If you haven't submitted updated earnings information to Manulife Group Benefits recently, please do so as quickly as possible. For your convenience, this information can be submitted electronically using the "*Record Employment and/or Salary Changes*" feature found on the Plan Administrator Secure Site. Updates submitted electronically via the Secure Site can be processed more quickly and accurately than paper forms.

You may also submit paper earnings updates using the TSCS Report (Termination, Classification, Salary Change Report) included with your monthly billing statement. Updated earning information may be recorded on this report and sent to:

The Manufacturers Life Insurance Company  
Plan Member Administration  
P.O. BOX 1627  
Waterloo, ON N2J 4P4

*Note: Appropriate premium adjustments will be made after earnings changes have been processed as reported.*

### **Need more information?**

If you have questions about reporting earnings changes or other plan member information, please call the Plan Administrator Service Centre at 1-800-268-6195. If you've already enrolled for access to the Plan Administrator Secure Site, you may use the *Send a note* feature on this site to contact the Plan Administrator Service Centre by e-mail.

**Don't forget to register!**

## **Plan Administrator Secure Internet Site**

### **Make sure all your plan administrators are registered**

If you have more than one plan administrator, please register them all for Secure Site access. The Site can be set up to allow varying levels of access; for example, if you have an administrator who handles billing only, Manulife can provide that administrator with access to billing information only (note that the billing feature only shows bills produced by Manulife). If your administrators are responsible for different accounts, then their access can be appropriately personalized.

If you change or add administrators to your plan, you'll need to make sure to change their registration information. Use the registration form to submit administrator changes at any time.

Registration forms for access to the Plan Administrator Secure Site can be found at [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits).  
Click on "Plan Administrator."



**Don't forget to register!**

## **Plan Member Secure Internet Site**

### **On-line advantages for plan members**

The Plan Member Secure Site simplifies everything about health and dental claims, from start to finish.

- Members can use the site to get claim forms from anywhere in the world.
- Members can sign up for direct deposit. The next time they make a claim – even the same day they register for direct deposit – payment will be deposited to their designated bank account.
- Later, they can check the site to verify that payment has been made, and see the exact amount.
- If they have a question, they can simply click “Send a note” to contact Customer Service by e-mail.

Easy accessibility makes the site especially useful for members who are traveling over the holiday season. They can find details about their ManuAssist Emergency Travel Assistance coverage on line.

If you would like materials to promote the Plan Member Secure Site, you can order a small flyer, suitable for inserting with payroll or other communications, by requesting form number GC2089E/F. Visit [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits), and click on “Plan Administrator” to get an electronic poster.

**Plan Members can register for secure site access by visiting  
[www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits) and clicking on “Plan Member.”**



## New Look! New Site!

### New look coming to the Group Benefits Web Site

*Soon you will be able to experience an exciting, new Group Benefits web site!*

Group Benefits is making its web site more intuitive and easier to use than ever before. The site will feature separate sections customized for you and your plan members. Each section on the site will be easier to navigate with an improved, user-friendly layout and updated content.

The site will include new quick links to “Tips & Tools” to help plan administrators. You’ll still find the same great features you’ve come to rely on including newsletters (*Employee Benefit News, Wellness Report, and Administrative Update*), information about products and services for your plan, and links to the Plan Administrator and Plan Member Secure Sites.

Stay tuned to [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits) for a new Group Benefits Web Site!

### Welcome to Group Benefits.



Plan Member

Plan Administrator

Plan Sponsor

Plan Advisor

◆ Select an option

## Important reminder . . .

### Forms available on-line for ease of access

#### Pre-filled forms on secure Internet sites

On-line forms are another one of Manulife Financial's e-service solutions designed to make plan administration easier. Many of Manulife's health and administrative forms are available on-line at the secure Internet sites for plan administrators and plan members.

#### *The advantages of on-line forms are endless!*

- There's no need to order, stock and distribute paper forms.
- Forms available on the secure sites are pre-filled with important plan details and can be completed on-line.
- Claims can be processed quickly and accurately because identification numbers are legible and correct.
- Plan members can print forms at home and don't have to spend time at work looking for forms or completing them.
- Depending on plan design, many administrative forms, including enrolment and re-enrolment applications, can be submitted electronically and processed more quickly and accurately than paper forms – usually within 48 hours.
- Also depending on plan design, you may be able to view, search and print your benefit booklet via the secure sites.

#### Materials Re-Order Form (GL0006E)

If you need to order hard copies of forms and benefit booklets not available on-line, you may use the Materials Re-Order Form (GL0006E). You will need to complete and mail or fax this form to our supply department. Instructions are provided on the form.

The Materials Re-Order Form has been included in your Plan Administration Kit and is also available on the Plan Administrator Secure Site. You may request a copy of the Materials Re-Order Form by calling our Plan Administrator Service Centre at 1-800-268-6195. (*Helpful hint: To ensure you always have a supply of the Materials Re-Order Form on-hand, it is a good idea to photocopy this form or order additional quantities when you submit your next forms order.*)

## Important reminder . . .

### Supporting documents required with claim submissions

Manulife Financial's standard group benefits contracts require all necessary documentation from health care practitioners and suppliers to be submitted with a claim before claims for medical equipment, including orthotics and orthopaedic shoes, can be assessed. If proper supporting documentation is not provided when a claim is originally submitted, Manulife must return the claim to the plan member with a request for additional information which may cause delays in claim assessments and payments.

The required support documents confirm equipment is medically necessary and eligible for coverage under the terms of the group benefits plan. When these documents are received in good order claims can be assessed.

#### **Plan members must be seen and assessed by their practitioner before submitting claims**

Plan members must submit their physician's or health care practitioner's original prescription or recommendation, including a diagnosis necessitating the medical equipment with their Extended Health Care claim form. Consequently, plan members are encouraged to be seen and assessed by their practitioner *before* visiting a supplier, and submitting a claim.

**Important: A physician's medical license requires that he or she personally examine and assess a patient before writing a prescription. If the prescribing physician has recommended medical equipment, including orthotics or orthopaedic shoes, without examining the patient the claim will not be eligible for reimbursement.**

#### **Submission guidelines help reduce delays in claim processing**

Plan administrators can help reduce delays in claims processing by encouraging plan members to review the appropriate claim submission guidelines before submitting claims. These guidelines detail what supporting documents must be included with claims to ensure proper, efficient processing.

**Plan members should be encouraged to contact the Customer Service Centre before submitting claims for medical equipment, including orthotics and orthopaedic shoes, for complete information about claims submission guidelines specific to their group benefits plan, which may not be detailed in their benefit booklets.**

Plan members may call the Customer Service Centre at 1-800-268-6195. Plan members with registered access to the Plan Member Secure Site may use the *Send a note* feature on this site to contact the Customer Service Centre by e-mail.

## **Fraud prevention saves money**

Fraudulent claims have the potential to increase costs for plan sponsors and decrease coverage for plan members. As your benefits provider, Manulife is committed to identifying, investigating and intervening on unusual or suspicious claims – before they cost you money. Manulife may request more extensive claims information than is normally specified by plan member booklets and Group Benefits submission guidelines. In addition, Manulife may conduct audits to properly validate claims. Plan members will be notified in writing if additional information is required.

## **Fraud prevention initiatives . . .**

### **Plan members play an important role in fraud prevention**

Education is the best tool available to protect group benefits plans from the effects of fraud, misuse and abuse. Plan members are the “consumers” of the health care coverage provided by your plan, so it’s vital for members to understand the important role they play in fraud prevention. It’s also important for plan members to realize that benefits fraud can lead to higher premiums for plan sponsors, and a reduction or loss of coverage for plan members and their families.

Attached to this edition of *Administrative Update*, please find a plan member information sheet entitled “**Your responsibilities when submitting a health or dental claim.**” For your convenience, an electronic version is also available on our web site at [www.manulife.com/groupbenefits](http://www.manulife.com/groupbenefits). Click on “Plan Member.” Since your plan members play an important role in benefit fraud prevention, you may wish to distribute this information sheet to them in hard copy or by e-mail. As an alternative, you can post the electronic version of the information sheet to your company’s Intranet. Fraud Prevention information will also be communicated regularly to health and dental claimants via their new claim statements.