

Group Benefits Administrative Update

Ontario Physiotherapy

Recently the Ontario government announced a reversal to part of their plan to delist physiotherapy. The government has since withdrawn its plan to end services to Schedule 5 Clinics (as reported in last quarter's issue of Admin Update) and has recently added a few more changes.

As of April 1, 2005 OHIP's revised plan covers the following classifications for physiotherapy services:

- Seniors aged 65 and over
- All people aged 19 and under
- All long-term care residents
- People of all ages needing short-term physiotherapy in their home and through a community care centre
- All people receiving physiotherapy after overnight hospitalization
- All residents needing physiotherapy who are recipients of Ontario Disability Support Program, Ontario Works, Family Benefits and Workplace Safety Insurance Board.

Also taking effect on April 1, 2005, residents of Ontario between 20 and 64 are no longer covered for physiotherapy services unless they meet the criteria above.

These changes will see minimal impact to private benefits plans, however if you have questions about the delisting of this and other services, visit www.health.gov.on.ca for more information. For questions specific to your benefits plan, contact your Manulife Financial representative.



Inside this issue

Ontario Physiotherapy

Ontario government announces a reversal to part of their physiotherapy delisting plan

Medical Underwriting

Updates and subtle changes for Plan Members communications

Articles affecting Manulife Financial Plans

Articles affecting former Maritime Life plans

Articles affecting former Liberty Health (LH)

Medical Underwriting updates

As we continue to integrate new systems and processes, you and your plan members may notice some subtle changes in the communications we use regarding medical underwriting decisions.

Listed below are some of the key differences we'll be implementing over the next few months, depending on your previous benefits provider.



For Manulife Plan Administrators

- **Declined** notices will now show the coverage amount and effective date recorded on the application.
- We will be introducing a **Postponed** status feature. This is similar to the decline feature; however, we will provide the member and administrator with a time frame of when we could reconsider their application for coverage.
- Requests for additional information will now be communicated in their own letter, separate from other status updates.
- Your plan contract number may show up with a **0** or an **M** in front of it. This is to distinguish your number in our medical underwriting system. Your plan contract number hasn't changed and you should still record it as you have in the past (without the medical underwriting prefix).
- All letters will now reference only the base account numbers for all benefits.

For Maritime and former LH Plan Administrators

- When members are declined, they will receive a letter pointing out what information in their application led to their requests for coverage being denied. To ensure confidentiality, plan administrators will receive a letter simply stating that the member's application was denied.
- Former LH members who are eligible for excess or late entrant benefits will be required to submit a Statement of Health. We'll provide the plan administrator with the member's name and plan member certificate number and the administrator will be asked to notify the member.

We're confident that these adjustments will provide you with more comprehensive communications and a better understanding of applications for coverage that are referred to the medical underwriting department.

Group Benefit products are offered through Manulife Financial (The Manufacturers Life Insurance Company).

Manulife Financial and the block design are registered service marks and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.