2014 Member’s Annual Statement

3sHealth continually strives to find new and better ways to serve Employee Benefit Plan Members. We hope you find the information in this year’s Member’s Annual Statement beneficial. Enclosed with this newsletter you will find your Member’s Annual Statement for the year. We encourage you to visit our website www.3sHealth.ca or the Great-West Life web site www.greatwestlife.com for further information regarding the benefits and services available to you.

Group Life Insurance and Disability Income Benefits

If you are receiving disability benefits from one of the 3sHealth disability plans and your disability benefits or waiver of premium coverage is terminated or denied, your life insurance will terminate unless you do one of the following within 30 days:

- **Return to Work:** your insurance coverage will continue if you return to active eligible employment and begin paying premiums.
- **Arrange to Continue Coverage:** If you arrange to continue your group life coverage with your employer under the leave of absence provisions of the 3sHealth Group Life Insurance Plan, your coverage will continue for up to 12 months from the day the disability benefits or waiver of premium coverage ended. You must arrange with your employer to pay the premium for the duration of your leave within this 30 day period as well as complete appropriate forms.
- **File an appeal:** If you file an appeal of the decision to terminate or deny your disability benefits or waiver of premium coverage, your group life insurance coverage will continue and no premiums are payable pending the outcome of the appeal. The appeal must be filed within 60 days of the date of the decision to terminate or deny disability benefits or waiver of premium coverage.

3sHealth will send you a notice advising you that your disability coverage or waiver of premium is ending. Included with this notice is a form that needs to be completed and given to your employer within 30 days.
Planning to travel outside Canada?

Travelling offers many rewards and challenges. One challenge you don’t need is an emergency medical situation. Great-West Life’s out-of-country coverage is designed to provide benefits during a medical emergency while you or your dependents are temporarily outside Canada for business, education or vacation.
These are some examples of what might be considered a medical emergency:

• A sudden, unexpected injury
• An acute episode of a medical condition that was not identified or being treated prior to departure from Canada
• An unexpected and unforeseen acute episode of a previously identified medical condition that was stable and controlled at the time of departure from Canada

In assessing whether a previously identified medical condition is stable and controlled at the time of departure, Great-West may consider whether, within three months prior to your departure:

• You’ve had any new medications or changes in dose
• Your doctor has prescribed or recommended any medical, surgical or diagnostic procedures for you
• Your medical condition has worsened

Great-West will also consider whether your doctor has advised you not to travel. In some cases, Great-West will require your medical records to assess your claim.

Out-of-country coverage generally covers expenses associated with the initial treatment of a medical emergency, such as doctor fees, lab fees and hospital fees. Here are some examples of out-of-country expenses that may not be covered:

• Non-emergency care or follow-up care after the initial emergency treatment
• Expenses related to pregnancy or delivery after the 34th week of pregnancy or at any time prior to the 34th week if the patient’s Canadian physician considers the pregnancy to be high-risk
• Continued medical care following an emergency outside Canada if the patient’s medical condition permits a return to Canada for treatment

If you have a medical condition, you may wish to check with your doctor before travelling. If you are advised it is safe to travel and you would like clarification of your out-of-country coverage, call the Assistance Centre – Claims Department at 1-866-530-6025.

**Ensuring adequate coverage for extended periods outside Canada**

If you are leaving Canada for more than six months, you should inquire about getting a coverage extension under your provincial healthcare plan prior to leaving the country. In addition, you should be aware that the 3sHealth Extended Health Care Plan provides coverage for the first 60 days of your trip. If you are travelling outside Canada for periods beyond 60 days, you may want to consider purchasing additional coverage.

If you are leaving Canada specifically to obtain medical treatment, you should contact representatives of your provincial healthcare plan and Great-West to determine if coverage is available.

**Keeping contact information current**

You must maintain coverage with your provincial healthcare plan in order to be eligible for benefits under a Great-West group plan. For this reason, it is important that you keep your personal information current with your provincial healthcare plan; this includes providing notification of any address and name changes as well as notification about moving away from Canada for extended periods.

**In case of medical emergency**

If you experience a medical emergency while outside Canada, call the number on your travel assistance card. The assistance company may help arrange for appropriate medical care, verify your insurance coverage and provide necessary assistance, such as flight, hotel accommodation and vehicle return.

**Making a claim**

As a plan member, you are ultimately responsible for managing your out-of-country claims; this includes correctly filling out forms. Great-West has made arrangements with the provincial and territorial governments in order to allow more efficient reimbursement of claims. In all provinces and territories, you should submit your claim directly to the Assistance Centre – Claims Department. Great-West will pay the province’s or territory’s share of the claim cost and reimburse you for the balance of expenses covered under your group plan.
Time requirements for claim submission vary by jurisdiction. Please be aware of these requirements to ensure you submit claims within the designated time period.

When submitting an out-of-country claim to the Assistance Centre, please ensure you complete an out-of-country claim form, rather than an extended health care claim form. Claims can be mailed to:

Assistance Centre – Claims Department  
P.O. Box 97, Station A  
Mississauga, ON L5A 2Y9

For more information

For out-of-country claim forms, visit the Employee Benefits section at www.3sHealth.ca or Great-West’s website at www.greatwestlife.com and click Client Services or use the GroupNet for Plan Members website. If you have any questions about out-of-country coverage, please call 1-866-530-6025.

Before you leave

• If you have a medical condition, consider talking to your doctor about whether it’s safe to travel. Follow up with Great-West if you need clarification of out-of-country coverage under your plan.
• Be sure to pack your travel insurance information, along with emergency help numbers, your provincial health insurance card and your family doctor’s contact information.
• Let family members and travelling partners know the details of your travel insurance.
• If you have lost your travel assistance card, visit Great-West’s GroupNet for Plan Members website to print a new card.

Travel Assist booklets are available from your Employer. The booklet is the same size as your passport and contains all of the information you will require when travelling.

This information was provided by Great-West Life.
With a focus on continuous improvement for the benefit of our customers we will:

• Provide high quality employee benefit plans that are customer-focused, delivered consistently, equitably and at a reasonable cost.
• Endeavour to ensure that the plans are financially stable in order to meet the Plans’ financial obligations now and in the future.

To support our focus, 3sHealth Employee Benefits has identified key performance indicators to measure the service delivery of the Benefits Administration team.

1. Maintain a minimum service level of 90% of all incoming mail completed within 7 business days.

   **How do we do this?** Every piece of incoming mail is date stamped upon receipt and entered into our tracking system. Service is monitored daily to ensure we are meeting or exceeding our completion target.

2. We do things right the first time.

   **How do we do this?** We have robust quality checks in place and perform random audits of completed work to ensure it is error free. We also strive to give our members accurate information the first time they call our toll free number. We track every call received for first call resolution. Calls are recorded and random samples are reviewed for quality assurance purposes.

3. We answer your calls as quickly as we can.

   **How do we do this?** Our hosted call centre application ensures that our Benefit Services Officers are available to answer calls promptly and in the order received. We monitor the number of incoming calls and the length of time people are waiting in our telephone queue. We review wait times daily in order to determine appropriate resourcing to meet the incoming call volume. We want to assure you that if you call us and leave a message we will respond to it quickly and in the order it was received.

***3sHealth benefits administration by the numbers:***

In 2013, 3sHealth benefits administration:

• Processed 24,857 pieces of mail
• Received 11,293 telephone calls
• Made 3,949 outbound telephone calls
• Completed 19,357 Emails
• Wrote 4,095 letters
• Processed 9,336 workflow messages
Has your “smoker status” changed?

What is the definition of a smoker?
You are categorized as a smoker if you have smoked or used any nicotine replacement products in the past 12 months.

Did you know...
The optional life rates for a non-smoker are half of that of a smoker? If you have optional life and are no longer categorized as a smoker, please contact your Employer to obtain the form necessary to update your information.

Help prevent insurance fraud

Insurance fraud occurs whenever someone knowingly provides misinformation or withholds information to ensure the payment of a claim. It takes place in many ways – filing false claim documents, exaggerating services provided, and supplying fictitious or inflated medical and dental claims are all examples of fraud.

You can help prevent fraud by being a responsible consumer.
Do not:
• Accept receipts for services or supplies you have not received.
• Change a date on a claim or provide false or incomplete information.
• Provide blank, signed claim forms to a service provider. The form can be used to submit fraudulent claims in your name.

It is very important for you to verify the information contained in the Explanation of Benefits statements that you receive from Great-West Life. This ensures that all stated services were actually rendered and that the benefit amounts are correct.

There are two ways to report possible cases of fraud to Great-West Life. Tips may be made anonymously by phone or email:
• Call the fraud tip line at 1-866-810-8477
• Email: confide@gwl.ca

This information was provided by Great-West Life.