



*Insurance designed by small business for small business*

## YOUR HEALTH PLUS™ OPTIMUM KIT INCLUDES:

**About Health Plus™** *What you need to know about claims and Member Services to assist you*  
**Summary of Benefits**

**Important Information about Paramedical and Dental (Scaling) Coverage**

*Claims for these services are handled differently than your other Health Plus™ benefits.  
Please read the kit for details.*

**Your personal Health Plus™ ID Card**

**Forms You'll Need**

**General Claim Form**

**Paramedical Pre-Approval Request Form**

**Paramedical Claim Form**

**Letter to Dental Professionals to take to your dentist on your next visit**



**Health Plus™**  
**Loran Insurance Limited**  
200 Consumers Road, Suite 205  
Toronto, Ontario M2J4R4

416-498-6944  
1-877-218-0394  
galen@healthplusinsurance.ca



**Green Shield Canada**  
P.O.Box #1606  
Windsor Ontario N9A 7J3

1-888-711-1119  
Online Claims [www.greenshield.ca](http://www.greenshield.ca)



**Beneplan Inc.**  
150 Ferrand Drive #500  
Toronto Ontario M3C3E5

416-863-6718  
Ext. 249 for Dental.  
Ext.240 for Paramedical

# ABOUT HEALTH PLUS™

**Health Plus™ is available only from Loran Insurance Limited.** We designed the plan so we could offer independent business people the best possible coverage at the best rates. To bring you quality benefits and affordable rates, we work with two partners: **Green Shield Canada (GSC) and The Beneplan Co-operative.**

**What this means for you:** How and where you submit your claims varies by type of benefit. The process for all claims is prompt and straightforward. For a few areas of treatment, it involves an extra step or two. The section *What You Need to Know About Submitting Claims* explains what's involved.

**Please read this kit BEFORE you see your healthcare professional** to make sure the treatment qualifies and that you've followed pre-treatment approval requirements where they apply. Note: all claims must be received within 12 months from the date of service.

## YOUR HEALTH PLUS™ ID CARD

Your personalized card issued by Green Shield Canada shows your Health Plus™ GSC Beneplan ID number. This number applies to all of your Health Plus™ claims. No other policy number is needed. Your dependents are listed on the back of the card. Dependents' ID numbers are the same as yours except they end with a unique dependent code (01, 02 etc.)

Please check that all names on the card (front and back) are correct. Report any errors or omissions to Beneplan at 1-800-387-1670 Ext.237 or Ext.230 OR [admin@beneplan.ca](mailto:admin@beneplan.ca).

Show your card to your health care professionals so they can include your ID number on claims they submit on your behalf.

## HEALTH PLUS™ MEMBER SERVICES ONLINE

For other useful information and Plan Member Services available to you, visit [www.greenshield.ca](http://www.greenshield.ca)

**Register online at the site** to take advantage of these helpful services:

- Access your personal claims information including a breakdown of how your claims have been processed
- Simulate a claim to instantly find out what portion of a treatment bill will be covered
- Submit certain claims online
- Search for a particular drug to determine if it's covered
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement ID cards

# WHAT YOU NEED TO KNOW ABOUT SUBMITTING CLAIMS

## PRESCRIPTION DRUGS

Show your Health Plus™ ID card to the pharmacist when you're having a prescription filled. The pharmacist will submit a claim on your behalf for the allowable portion of the cost that your plan covers and the dispensing fee (up to \$8). The pharmacist is reimbursed directly for the covered amount. You are required to pay the pharmacy for the balance.

In situations where you have paid for a prescription in full and the pharmacy is not submitting a claim, complete a General Claim Form. Send with your original pharmacy receipt and prescription detail to Green Shield Canada or submit online. You will be reimbursed directly.

## HEALTH SERVICES and SUPPLIES

Submit a General Claim Form with your original receipt to Green Shield Canada. You will be reimbursed directly.

## VISION

Submit a General Claim Form with your original receipt for payment to Green Shield Canada. You will be reimbursed directly.

## TRAVEL

**Before you travel**, visit [greenshield.ca](http://greenshield.ca) for important information and contact numbers you'll need if you experience a medical emergency during your trip. Take your Health Plus™ ID card with you. The GSC contact numbers are listed on the card.

**While you're away**, if you need healthcare, the 24-hour emergency assist numbers are:  
1-800-936-6226 toll-free in Canada and USA. In other countries: 0-519-742-3556 collect.

It is important to call Green Shield Canada or have someone call on your behalf before you seek treatment if possible. The GSC specialists can provide guidance to help you get reliable, safe care in the area where you're traveling. **If you have not been able to contact GSC prior to treatment, you must do so within 48 hours of commencing treatment.**

**To submit a claim**, call the GSC Customer Service Centre at 1-888-711-1119 for detailed instructions. Save all receipts and details for any health bills you've paid. (Credit card receipts are not sufficient.)

## DENTAL

Pay your dentist at the time of treatment and show your dentist your Health Plus™ ID card. Most dentists will submit a claim on your behalf and Green Shield Canada will reimburse you directly. If your dentist does not submit a claim for you, he / she will give you a Standard Dental Claim Form. Submit the Form and your itemized treatment bill to Green Shield Canada for reimbursement. The exception to this process is a claim for scaling / root planing beyond basic care.

## DENTAL – SCALING / ROOT PLANING BEYOND BASIC CARE

This area of your coverage is administered by Beneplan Inc. PLEASE NOTE: Payment of claims requires clinical evidence from the dentist that this non-routine treatment is necessary. Your dentist must follow the specified approval process if you plan to submit a claim for reimbursement of the cost of the additional treatment. See the section *Important Information About Paramedical and Dental (Scaling) Coverage* for details.

## PARAMEDICAL SERVICES

Claims for paramedical services are administered by Beneplan Inc. For claims up to the first \$150 per person per type of practitioner, complete the Paramedical Claim Form and submit to Beneplan. You will be reimbursed directly.

Claims after the first \$150 require a diagnosis from a physician to show treatment is medically necessary and details from the paramedical services provider about the proposed treatment. See *Important Information about Paramedical and Dental (Scaling) Coverage* for details on how to claim. Pre-treatment approval is strongly recommended.

## HEALTH - PRESCRIPTION DRUGS, HEALTH TREATMENT and SUPPLIES, VISION CARE

Health Plus™ benefits are intended to supplement the provincial health insurance plan (OHIP). The benefits below are eligible if they are medically necessary for treatment of an illness or injury. Reimbursement is limited to reasonable and customary charges and any specific limitations and maximums stated below.

Health Plus™ Optimum Plan Covers	Maximum the Plan pays <small>Note: Maximums are per treatment category. There is no combined maximum.</small>	You Pay
PRESCRIPTION DRUGS	90% + \$8 dispensing fee \$30,000 per calendar year	10% + dispensing fee over \$8 per prescription or refill
HEALTH TREATMENT and SUPPLIES (Examples*)		
Hospital Accommodation	Semi-private room	0%
Hearing Care	\$500 every 36 months	10%
Orthotics/Orthopedic Footwear Custom boots or shoes or custom orthotics	\$300 every 36 months	10%
Private Duty Nursing	\$10,000 per calendar year	0%
Other Examples Crutches, casts, wheelchairs, ambulance fees, oxygen, diabetic supplies etc.	No overall maximum	10%
VISION Eyeglasses or contact lenses or laser eye surgery Eye exams	100% \$150 per 24 months \$50 per 24 months	0%

## TRAVEL

Your travel benefits are intended to supplement your OHIP coverage. Hospital and medical services are eligible only where OHIP provides payment toward the cost of incurred services. The benefits below are eligible if they are medically necessary for treatment of an illness or injury and reimbursement is limited to reasonable and customary charges for the area in which they are incurred.

Health Plus™ Optimum Plan Covers	Maximum the Plan pays	You Pay
Days per trip	30	
Emergency Services	\$1,000,000 per incident	0%
Referral Services	\$50,000 per calendar year	0%

**Before you travel** visit [greenshield.ca](http://greenshield.ca) for important information you'll need to know if you experience a medical emergency while you're away.

**DENTAL**

The dental benefits below are eligible if they are necessary for the prevention of dental disease or treatment of dental disease or injury. Reimbursement is limited to the amount stated in the current Ontario Dental Association Fee Guide for General Practitioners.

Health Plus™ Optimum Plan Covers	Maximum the Plan pays	You Pay
<b>BASIC SERVICES</b> Recall visits once every 9 months, fillings, and simple extractions	80%	20%
<b>COMPREHENSIVE BASIC SERVICES</b> Root canal therapy, complicated extractions (and anaesthesia required for oral surgery), denture relining/rebasing, repairs, or adjustments, and basic periodontal* scaling/root planing.  *Basic periodontal coverage: Adults -2 units (30 minutes) as part of a routine exam every 9 months Children Up to Age 9 - ½ unit, Age 10 to 17 - 1 unit	80%	20%
COMBINED BASIC AND COMPREHENSIVE BASIC	\$1000 per person per year	
Please Note: For scaling coverage beyond basic, see Dental Section below		

**DENTAL – SCALING / ROOT PLANING BEYOND BASIC CARE**

This portion of your dental benefits is administered by Beneplan Inc. It is an area of waste and abuse in many plans. If you need additional scaling beyond routine levels, it's covered. If not, the Health Plus™ Beneplan pre-approval process for this procedure eliminates unnecessary treatment and helps keep your rates low.

Health Plus™ Optimum Plan Covers	Maximum the Plan pays	You Pay
<b>SCALING / ROOT PLANING BEYOND BASIC CARE</b> (if necessary and approved)  Satisfactory evidence from your dentist is required to confirm the need for treatment beyond basic periodontal as specified in the Dental section above.	80%  Cost of treatment is included in the overall dental maximum of \$1000 per person per year.	20%

**PLEASE NOTE: The sections *Important Information about your Paramedical and Dental Coverage* and *The Letter to Dental Professionals* explain the approval process.**

**IT IS IMPORTANT YOU TAKE THE LETTER WITH YOU TO YOUR NEXT APPOINTMENT.**

**PARAMEDICAL**

Paramedical benefits in your Health Plus™ plan are administered by Beneplan Inc. This is an area where Health Plus™ eliminates waste in the plan in order to keep rates affordable. Paramedical claims over the first \$150 per person per type of practitioner require medical evidence before payment.

Health Plus™ Optimum Plan Covers	Maximum the Plan pays	You Pay
<p><b>SERVICES PROVIDED BY:</b> Acupuncturist, Chiropodist / Podiatrist, Chiropractor, Massage Therapist, Naturopath, Osteopath, Physiotherapist, Psychologist / Social Worker, Speech Therapist</p>	<p>90% up to \$750 per person per year per type of practitioner</p> <p>NOTE: Claims over the first \$150 per person per year per type of practitioner require medical evidence before payment.</p>	<p>10%</p>
<p>* Please see <i>Important Information about Paramedical and Dental Coverage</i> for details on the approval process for these claims.</p>		

# IMPORTANT INFORMATION ABOUT PARAMEDICAL and DENTAL (SCALING) COVERAGE

Most of your Health Plus™ benefits are administered by Green Shield Canada. Two benefits are administered by Beneplan inc:

- Paramedical Services
- Dental Treatment for Scaling / Root Planing Beyond Basic Treatment

The guidelines below describe the claims requirements for these two areas.

## PARAMEDICAL | CLAIMS MUST BE SUBMITTED DIRECTLY TO BENEPLAN INC.

### CLAIMS ON THE FIRST \$150 PER PERSON PER TYPE OF PRACTITIONER

Although all claims are subject to review before they are paid, a pre-approval process is not required for claims up to the first \$150 per person. Simply submit a Paramedical Claim Form with your original detailed receipt for review and reimbursement. A cheque will be mailed to your home address.

1. A copy of the Paramedical Claim Form is included with this kit. Or download the form at [www.beneplan.ca](http://www.beneplan.ca).
2. Complete your information section. The statements from your physician or paramedical practitioner are not required.
3. Submit the completed Form with your original itemized treatment receipt to Beneplan Inc.

### CLAIMS ON THE NEXT \$600

To qualify for reimbursement, paramedical services after the first \$150 must be recommended by a licensed physician and medically necessary.

**To ensure your claim will be covered, pre-approval of these expenses by Beneplan is strongly recommended,** as outlined below. You may choose to proceed with treatment without applying for approval in advance. However, please note there is a risk your claim may be denied.



**THE TREATMENT APPROVAL PROCESS** is simple and prompt.

1. Use the Paramedical Approval Request Form included in this kit. Or download the form at [www.beneplan.ca](http://www.beneplan.ca).
2. Complete your information section.
3. Ask your doctor to complete the Attending Physician Statement.
4. Ask your paramedical practitioner to complete the Attending Paramedical Practitioner Statement.
5. Submit the completed form to Beneplan Inc. by mail, email or fax.
6. You will receive a letter from Beneplan Inc. mailed to your home address informing you of the approval or decline details. Please allow 3-5 business days for a response from Beneplan plus Canada Post delivery time.

### FOR REIMBURSEMENT AFTER YOUR APPROVED TREATMENT

1. Submit your proof of payment to Beneplan with a completed Paramedical Claim Form.
2. Write your ID number on your itemized receipt and send to Beneplan. A cheque will be mailed to your home address.

**BENEPLAN INC. Mail:** 150 Ferrand Drive #500, Toronto, Ontario, M3C 3E5

**Email:** [Lucinda@beneplan.ca](mailto:Lucinda@beneplan.ca) | **Fax:** 416-863-5157 | **Telephone:** Lucinda 416-863-6718 Ext. 240

## DENTAL SCALING / ROOT PLANING BEYOND BASIC TREATMENT

APPROVAL REQUESTS and CLAIMS MUST BE SUBMITTED TO BENEPLAN INC.

**SCALING / ROOT PLANING** is the process of removing plaque or tartar. It is typically part of a routine check-up and cleaning. Unfortunately, a growing number of dentists overbill insurance plans for this process. This drives up your rates.

To keep your Health Plus™ rates in check and reserve Plan dollars for care that actually is needed, **Health Plus™ basic coverage limits scaling / root planing to:**

2 billing units (30 minutes) for adults,  
½ unit for children up to age 10,  
1 unit for children age 10 – 17.

**WE RECOGNIZE THAT ADDITIONAL SCALING / ROOT PLANING BEYOND ROUTINE MAY BE NECESSARY** for people with gum disease / other health conditions.

**In those cases, Health Plus™ covers the added expense, based on satisfactory evidence from the dentist to show that treatment beyond routine is warranted.**

The enclosed *Letter to Dental Professionals* explains how this works.

**Take the letter with you to your next dental appointment.**

**THE LETTER TO DENTAL PROFESSIONALS** alerts your dentist to the limits for routine scaling and explains that reimbursement for additional scaling requires approval. It explains what's required to submit a treatment Approval Request to Beneplan.

The discussion with your dentist is very important to ensure you are not surprised by unexpected costs. And, by following this simple pre-approval process, you are helping to eliminate waste in the Health Plus™ Plan and keep rates affordable.

Review of the request will be prompt. You will be advised of the outcome and how to submit approved claims.