



HOW TO CLAIM

WHAT'S INCLUDED

Your Online Claims Portal

- + Signing Up
- + Direct Deposit

Submitting Claims

- + Online & By Mail / E-mail
- + How to Submit by type of service
- + Pre-approval for paramedical services and non-routine dental scaling

Frequently Asked Questions

CONTACT

For coverage information, changes in billing or personal information, contact **Health Plus**.

info@healthplusinsurance.ca
416-498-6944 877-218-0394

For questions about your online portal or payment of claims, contact **MDM Insurance Services**

inquiry@mdm-insurance.com
1-800-838-1531 M-F 8:00 am - 8:00 pm EST

GLOSSARY

Claim: A request to the insurer for payment for a service covered under your policy

Explanation of Benefits (EOB): The explanation received after a claim has been reviewed that states the service claimed and any payment made

Paramedical: Professional services including massage therapy, physiotherapy, chiropractor, speech therapy, naturopath, podiatrist / chiropodist, osteopath, acupuncture, psychology

Scaling: The process during which a dentist or dental hygienist removes plaque or tartar from teeth, typically part of a routine check-up. It is sometimes referred to as periodontal therapy. 1 unit = 15 minutes.

Pre-approval: Required for some services, the process to receive approval for service prior to submitting a claim for treatment. Read more about how to submit a *Paramedical Services Approval Request Form* on page 4 and information required for Non-Routine Dental Scaling on page 5.

YOUR ONLINE CLAIMS PORTAL

Your online claims portal allows you to submit claims online, sign up for direct deposit for claims reimbursement, and view your claims history and explanations of benefits. To sign up you will need your personal Access ID (Health Plus ID number) and the temporary password included in your Welcome Letter.

Signing Up

- 1 Go to MDM-insurance.com. In the navigation bar, click **Members**. This will take you to a login screen.
- 2 Enter your personal Access ID (your Health Plus ID number) and temporary password. You would have received these by mail with your Personal ID card. If you require a replacement temporary password, please contact the MDM Administration Department at 1-800-838-1531 Monday to Friday 8:00 am - 8:00 pm EST.
- 3 You will be prompted to change your password, select an optional security question, and confirm your e-mail address. After updating this information you will be asked to log in again. You will now have full access to your online claims portal.

Direct Deposit

On your Health Plus application, if you selected 'YES' to use the same bank account for monthly auto-withdrawals and direct deposit claims payments, you are already signed up for reimbursement of claims directly to your account. If you did not authorize your account to be used for direct deposit at the time you signed up for Health Plus, you may sign up online through your online claims portal.

You can update your account information for direct deposit when you are submitting a claim online or at any time in the online portal under **About Me > Banking**. Or you can submit the *Direct Deposit Application* (In your claims portal under **Documents**) by mail.

Note: To update your banking information for your monthly premium auto-withdrawal, you must contact Health Plus.

SUBMITTING CLAIMS

All claims except travel are administered by MDM Insurance Services. Information on travel claims is provided on page 5. Depending on the service, claims may be submitted either through your online portal or by mail or e-mail using the *Medical Claim Form*. Additional service-specific claims information is available on pages 4-5. **All claims must be submitted within 12 months from the date of service.**

Online:

Log in to your account at MDM-insurance.com and navigate to **Claims > Submit Claim**.

What information do you need?

- + The type of service you are claiming. Drug name and DIN (found on your official receipt) are required for prescription drug claims.
- + The date of service or expense
- + The total cost being claimed
- + The name, contact information, and license number (if applicable) of the practitioner

By Mail or E-mail:

Complete the *Medical Claim Form* (or *Dental Claim Form* for dental claims), available on your online claims portal or at healthplusinsurance.ca/resource-centre. Submit with official receipts by mail or e-mail.

By E-mail: inquiry@mdm-insurance.com

By Mail: MDM Insurance Services Inc.
P.O. Box #970
Guelph, Ontario
N1H 6N1

Note: When submitting online or by e-mail, please keep original receipts in your records for a period of 1 year.

When will you receive payment for your claim?

Claims are typically processed within 3 business days. In some cases, where additional information is required, claims may take longer to process. If you've signed up for direct deposit, payment will go directly to the account you provided. You will be notified by email when your claim is paid and an explanation of benefits (EOB) will be available in your online claims portal. If you submitted your claim by mail or are receiving your payment by cheque, please allow additional time for mail.

Pre-approval of treatment before a claim is submitted and paid

For care beyond a set amount certain services require additional information before the claim is approved. For pre-approval for paramedical services beyond \$150 / practitioner / year and the requirements for reimbursement for non-routine dental scaling please see below.

Prescriptions Drugs

For prescription drug expenses 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 pharmacy is reimbursed directly for the amount covered by your insurance. You are required to pay the pharmacy for the balance.

If you have paid for a prescription in full and the pharmacy isn't submitting a claim, complete a *Medical Claim Form* and submit to MDM with the official receipt. You'll be reimbursed directly.

How to Claim?

Online *or* by Mail / E-mail

Paramedical Practitioners

Paramedical practitioners include massage therapists, chiropractors, physiotherapists, psychologists, speech therapists, podiatrists / chiropodists, osteopaths, naturopaths, and acupuncturists. Plan maximums are per calendar year per type of practitioner.

How to Claim?

Online *or* by Mail / E-mail
for the following services:

- + Chiropractic
- + Physiotherapy
- + Registered Massage Therapy

By Mail / E-mail *only*
for the following services:

- + Psychology
- + Speech Therapy
- + Podiatry / Chiropody
- + Osteopath
- + Naturopath
- + Acupuncture

Services up to \$150 / year

For the first \$150 claimed for each type of service (per year) you may submit claims either online or by e-mail or mail using the *Medical Claim Form*.

Services after \$150 / year

To qualify for reimbursement, paramedical services after the first \$150 up to the Plan maximum require a diagnosis by a licensed physician and a recommended treatment plan from the practitioner. *Note: Service of a psychologist / social worker do not require additional approval.*

- + Use the *Paramedical Services Approval Request Form*, included in your Welcome Kit or available online at healthplusinsurance.ca/resource-centre to submit the required information to Health Plus for approval. You will be notified once your request is reviewed.
- + After receiving approval, submit a *Medical Claim Form* with official receipts to MDM by e-mail / mail. You will be reimbursed directly.

Other Health Services & Supplies

Including therapeutic equipment (Crutches, Casts, Walkers, Canes, Wheelchairs, Orthopedic Braces, Splints, Oxygen, Hospital Beds, Artificial Limbs, Diabetic Supplies), laboratory and diagnostic services, hearing aids, nursing care, and ambulance

How to Claim?

By Mail / E-mail *only*

Dental

For all dental services including routine exams, consultations, preventative or diagnostic procedures, x-rays, oral surgery, and major restorative procedures, please pay your dentist at the time of treatment and provide your dentist with your Health Plus ID number to submit claims on your behalf. MDM will reimburse you directly. If your dentist does not submit a claim for you, you can submit either online or by e-mail / mail using a *Standard Dental Claim Form*.

Dental Non-Routine Scaling

For scaling beyond basic care (over 2 units for adults, 1/2 unit for children up to age 10, 1 unit for children age 10 - 17) approval from Health Plus is required before a claim will be paid. We recommend submitting the approval request prior to treatment.

- + Read *Important Information for Dental Professionals* included in your Welcome Kit and available online at healthplusinsurance.ca/resource-centre. Take it to your next appointment.
- + If your dentist recommends scaling treatment beyond basic care, the memo outlines the requirement to submit medical evidence to Health Plus in advance to confirm treatment is necessary and will be covered by insurance. You will be notified once the request has been reviewed.
- + After approval, submit the claim directly to MDM using a *Standard Dental Claim Form*. (Usually the dentist will submit on your behalf.) You will be reimbursed directly by MDM.

How to Claim?

Online *or* By Mail / E-mail

Vision (Optimum Plan Only)

Including claims for eye exams and corrective lenses

How to Claim?

Online *or* by Mail / E-mail

Travel

In the event of a health issue or medical emergency, call the Co-operators 24-hour hotline *BEFORE seeking care*. If that is not possible, have someone call on your behalf or call within 48 hours to avoid any possible limitation in your benefits.

The Co-operators Group Emergency Medical Travel Assistance Hotline

In Canada and the USA, call 1-888-440-2667

Elsewhere, call collect: 1-416-340-1316

What you will need to provide:

- + Your name
- + Your location
- + Your Health Plus ID & group policy numbers
- + Your effective date of coverage

What they can help you with:

- + Finding reliable, safe care in the area
- + Confirming coverage to hospitals, doctors, and other medical service providers
- + Arranging hospital admission and making advance payments to medical facilities or doctors

How to Claim?

Call The Co-operators Hotline for instructions.

FREQUENTLY ASKED QUESTIONS

Can I submit past health expenses to my Health Plus plan?

- + You can submit a claim for any service received from the effective date of coverage (e.g. If your coverage is effective May 1, you can submit a claim for a service received May 1). You cannot claim for services received prior to the effective date of your coverage. Claims must be submitted within 12 months from the date of service.

I haven't received my Health Plus ID card yet. Do I need to wait to receive services?

- + Your coverage takes effect the first of the month following approval of your application. Depending on when you signed up, you may not receive your ID card by the first of the month. You can pay out of pocket for any covered service and submit a claim online or by mail / e-mail once you receive your ID number and temporary claims portal password in the mail.

I'm confused, why am I submitting claims to MDM Insurance, not Health Plus?

- + Health Plus Insurance and Loran Insurance (our sister company) are small businesses ourselves. While that comes with many benefits (we're experts in small business and independently owned), we partner with other companies to help underwrite the plan and administer claims. MDM is an expert in administering benefit plans so you can trust your claims will be paid. The Health Plus team is who you can always contact with any questions about your coverage.

I used to submit claims to Green Shield and Beneplan, can I keep doing that?

- + For *services after October 1st, 2019*, claims must be submitted to MDM Insurance. For *claims for services prior to October 1st, 2019*, submit your claims to Green Shield or Beneplan by January 1, 2020. We get that initially this administrative switch might be annoying. Please bear with us, we're working with MDM as a new partner so that we can continue to improve your Health Plus plan and to offer one claims administrator for all services.

How do I access my Wellness Resources? Do I need to pay and submit claims for them?

- + Your Wellness Resources, including your Shepell EAP Confidential Counselling services, Personalized Prescribing, and Custom HR Support are included in your plan at no additional charge and require no claims. Full details to access the services are available [online](#).

How long do I have to make a health or dental claim?

- + All claims must be submitted within 12 months from the date of service. If you terminate your Health Plus coverage, all claims must be submitted within 30 days from the date of termination.

How quickly will my claim be paid?

- + Claims are typically processed within 3 business days. In some cases, where additional information is required, claims may take longer to process. If you've signed up for direct deposit, payment will go directly to the account submitted. You will be notified by e-mail when your claim is paid and an explanation of benefits (EOB) will be available in your online claims portal. If you submitted your claim by mail or are receiving your payment by cheque, please allow additional time for mail.