

Your Plan, Simplified: A Guide to Common Questions

Welcome to your Health Plus plan! This guide answers common questions to help you understand your coverage and make the most of your benefits.

Benefits Booklet and Coverage Card Information:

1. Where can I access my benefits booklet?

The benefits booklet can be accessed through your online MDM portal.

2. If I'm on a couple or family plan, will my spouse receive their own coverage card with their name on it?

Both you and your spouse share the same policy and ID number. You will receive an additional card in the mail, but both cards will display the name of the primary plan member. Any inquiries regarding coverage or travel insurance can be addressed using the policyholder's name and ID number.

3. When will I receive my ID number to submit claims?

A digital ID card with your Health Plus ID and Policy numbers will be sent to you by email in about 1 week. Your physical ID card will be sent by mail in approximately 2-3 weeks. A temporary password for the MDM online portal will be included with your physical card. You will need this password to register for the online claims' portal. If you do not receive your physical ID card and temporary password, please contact us at info@healthplusinsurance.ca.

Setting Up Direct Deposit for Claims:

4. How do I set up direct deposit for my claims?

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.

Please Note: Updating your banking information in the MDM portal will NOT update your payment information. To update your banking information for your monthly premium auto-withdrawal, you must contact Health Plus.

Vision Coverage (OPTIMUM Plan Only):

5. When will I be eligible for the additional \$100 in vision coverage for glasses and contact lenses on the OPTIMUM plan?

You become eligible for the additional \$100 in vision coverage after being on the plan for 24 months, for a total maximum of \$300 per 24-month period.

6. I have been on plan for 24 months, but the portal still shows \$200 for vision coverage for glasses and contact lenses. Will it be updated?

The additional \$100 in vision coverage will not necessarily appear on your MDM portal, as it is considered an added benefit. The portal will only display the \$200 limit for vision coverage for eyeglasses and contact lenses. Please note, that the \$75 maximum for eye exams is separate.

Please Note: When submitting claims for vision coverage, please use the mobile app or email the completed medical claim form, along with any relevant receipts, to inquiry@mdm-insurance.com. The medical claim form can be found in your Welcome Kit.

Paramedical Coverage:

7. Can you tell me more about the paramedical services under my Health Plus plan?

Both the **OPTIMUM** and **PRIORITY** plans offer generous, flexible coverage to help you access the care you need from the following practitioners: massage therapist, physiotherapist, chiropractor, acupuncturist, naturopath, podiatrist / chiropodist, osteopath, speech therapist.

For psychologist/ social worker coverage, please see the corresponding FAQ.

Coverage is provided up to \$1,000 (OPTIMUM) or \$600 (PRIORITY) per type of practitioner, per person, per calendar year, subject to pre-approval.

Standard Basic Coverage

- **OPTIMUM** Plan: Claim up to \$300 per type of practitioner per person to a maximum of \$750 per calendar year for all practitioners combined.
- **PRIORITY** Plan: Claim up to \$250 per type of practitioner per person to a maximum of \$600 per calendar year for all practitioners combined.

This standard coverage is for routine maintenance care, and treatment for pre-existing conditions. It's easy to claim. Simply submit your receipts. You are reimbursed 90% (**OPTIMUM**) 70% (**PRIORITY**), subject to industry guides for usual and customary fees by province.

Extra Support for Unexpected Health Needs

If your care needs go beyond the standard limits because of a new condition or injury that requires treatment, you may be eligible for higher maximum coverage levels, at no added cost to you:

- **OPTIMUM** Plan: Up to \$1000 maximum per type of practitioner per person per calendar year. (an added \$700 over the \$300 standard coverage). Subject to pre-approval.

- **PRIORITY** Plan: Up to \$600 maximum per type of practitioner per person per calendar year. (an added \$350 over the \$250 standard coverage). Subject to pre-approval.

Please Note: The higher maximum coverage is available, subject to pre-approval, for new conditions or injuries; treatments for pre-existing conditions or routine maintenance health care does not qualify.

8. How do I submit the paramedical pre-approval request form?

The paramedical pre-approval request form is included in your Welcome Kit and is also available in the [Resource Centre](#) on our website. The form is divided into three sections: one for you (the member) to complete, one for your physician, and one for your practitioner (e.g., massage therapist).

To avoid processing delays, please ensure that all sections are fully completed and all questions are answered. Once complete, submit the form to claims@healthplusinsurance.ca, and a decision will be provided within 3–5 business days.

Please Note: If requesting multiple treatments, a paramedical practitioner statement must be provided for each requested service.

9. If I am approved for extra paramedical coverage, how do I submit claims?

If you're approved for extra paramedical coverage, submitting your claims is quick and easy. You can use the mobile app or submit your claims via email. For email submissions, simply complete the medical claim form provided in your Welcome Kit or approval email, attach your receipts, and send to inquiry@mdm-insurance.ca.

Please Note: Any claims in excess of \$300 per type of practitioner per year / \$750 combined (OPTIMUM) or \$250 per type of practitioner per year / \$600 combined (PRIORITY) cannot be submitted through the MDM online portal.

10. What are usual and customary Limits?

Usual and customary Limits for paramedical practitioners refer to the maximum amounts the plan will reimburse for specific healthcare services. To help you make the most of your coverage, please refer to the attached usual and customary limits before visiting your practitioner.

11. I was approved for additional paramedical coverage, but the portal still shows the standard maximum. Will it be updated?

The portal will not reflect the updated maximum. However, there's no need to worry—your approved additional coverage has been added to your file and will be applied when your claims are processed.

Psychologist and Social Worker Coverage:

12. Can you tell me more about the psychology and social work coverage under my Health Plus plan?

Both the **OPTIMUM** and **PRIORITY** plans include valuable mental health coverage, giving you access to licensed psychologists and social workers (MSWs) to support your well-being.

- **OPTIMUM** Plan: \$300 / person / year; \$1000 / person / year effective Jan.1 following 12 months plan membership*
- **PRIORITY** Plan: \$250 / person / year; \$600 / person / year effective Jan.1 following 12 months plan membership*

*Request form required after \$250 (**PRIORITY**) or \$300 (**OPTIMUM**) per year. The form is provided in your Welcome Kit and is also available through the Health Plus Resource Centre.

Maple: Registration and Information

13. How do I register for Maple?

Registering is easy! Please follow the instructions below:

- a) Visit getmaple.ca/healthplus
- b) Enter Client ID # and click Continue
- c) You will be prompted to enter your contact information and set a new password. Once you verify your email and phone number, your registration will be complete.
- d) Explore your new Maple services, personalize your profile, and invite family members to join.

14. What services are included with Maple for Health Plus Plan members?

- **Maple Telemedicine:** Free, unlimited 24/7 access to Canadian-licensed primary care practitioners for medical advice, prescriptions, and more.
- **InkBlot Member Assistance Program (MAP):** Includes 5 free hours of counseling and 24/7 access to digital resources for career, health, relationships, financial advice, and more.
- **Tranquility iCBT:** Digital cognitive behavioural therapy with guided support to promote your mental wellness.

15. What counselling services are included in my Inkblot Member Assistance Plan?

The counselling services included in your Inkblot Member Assistance Plan are as follows:

- 5 hours of individual counselling
- 5 hours of couples counselling
- 5 hours of health coaching
- 5 hours of life transition coaching
- 5 hours of career coaching

Additional paid hours are available if desired, and the 5 hours for each service reset annually in November.

16. What should I do if I have questions about my Maple account?

If you have questions regarding your Maple account you can contact Maple's support team directly. You can reach their support team by emailing hello@getmaple.ca or visiting the Maple website to use their live chat option located on the right-hand side of the Maple website.

Billing and Monthly Premium Withdrawal:

17. When will my premium withdrawal take place?

Premium withdrawals are processed on the first business day of each month by MDM. Please note, if the first falls on a weekend or holiday, the withdrawal may take a few additional days to process.

18. What if my circumstances change and I no longer need Health Plus?

To discontinue coverage, you must notify us by email or by letter 30 days in advance. Terminations are effective the first of the month. For example: to stop coverage as of June 1st you must notify us by May 1st.



Usual and Customary Limits for Paramedical Practitioners

Initial Assessment	Per Visit
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	BC	AB	SK	MB	ON	NB	NS	PE	NL	YT	NT	NU
Acupuncturist	\$135	\$140	\$110	\$110	\$135	\$130	\$125	\$100	\$130	\$105	\$145	\$125
	\$115	\$100	\$90	\$85	\$120	\$115	\$115	\$90	\$105	\$115	\$125	\$125
Chiroprapist	\$160	\$120	\$95	\$105	\$110	\$85	\$80	\$100	\$95	\$80	\$80	\$80
	\$105	\$100	\$80	\$85	\$95	\$80	\$80	\$100	\$80	\$80	\$80	\$80
Chiropractor	\$120	\$120	\$90	\$85	\$120	\$110	\$115	\$95	\$110	\$110	\$110	\$155
	\$70	\$75	\$55	\$60	\$65	\$70	\$75	\$70	\$65	\$80	\$65	\$120
Massage Therapist	\$135	\$110	\$95	\$95	\$125	\$120	\$120	\$110	\$115	\$125	\$125	\$130
	\$265	\$280	\$245	\$280	\$255	\$195	\$225	\$180	\$210	\$200	\$245	\$250
Naturopath	\$165	\$175	\$155	\$175	\$180	\$115	\$150	\$115	\$145	\$200	\$170	\$155
	\$160	\$150	\$155	\$170	\$145	\$160	\$145	\$125	\$110	\$120	\$125	\$125
Osteopath	\$150	\$140	\$135	\$150	\$125	\$140	\$140	\$110	\$100	\$120	\$115	\$125
	\$135	\$130	\$130	\$100	\$130	\$110	\$140	\$95	\$95	\$110	\$200	\$125
Physiotherapist	\$105	\$105	\$85	\$85	\$95	\$90	\$115	\$75	\$85	\$95	\$150	\$95
	\$185	\$100	\$105	\$105	\$120	\$90	\$95	\$100	\$70	\$70	\$100	\$110
Podiatrist	\$120	\$100	\$85	\$85	\$100	\$80	\$75	\$80	\$70	\$70	\$100	\$110
	\$235	\$220	\$200	\$225	\$250	\$220	\$210	\$210	\$210	\$200	\$220	\$295
Psychologist	\$235	\$220	\$200	\$225	\$250	\$220	\$210	\$210	\$210	\$200	\$220	\$295
	\$160	\$200	\$160	\$135	\$170	\$160	\$175	\$150	\$150	\$120	\$170	\$175
Social Worker	\$200	\$180	\$195	\$190	\$200	\$150	\$130	\$135	\$175	\$120	\$120	\$120
	\$150	\$150	\$140	\$130	\$140	\$130	\$100	\$120	\$90	\$120	\$100	\$120

*Effective January 1, 2025. Health Plus insurance uses limits developed by Co-operators. Claims are subject to usual and customary limits of the plan members province of residence. Several factors are considered when establishing usual and customary prices, including prior claims history and market research. These factors may change from year to year, as a result, you may notice fluctuations (increase or decrease) in specific areas. Please refer to your policy for coverage limitations and exclusions.