



# PLAN MEMBER FAQ

### How do I add or remove a dependent or spouse from my plan?

Your Plan Administrator can add or delete a dependent on your behalf. Inform them of the change request as soon as possible.

### How do I change my beneficiary for Life Insurance?

To change a beneficiary, you will need to update your beneficiaries on file. Your Plan Administrator can assist with this change.

### Where can I get a copy of my benefits booklet?

Benefits booklets are available from your Plan Administrator.

### Where do I send my claim?

**Your Plan Administrator can accept claim forms for the following benefits:**

- Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Short-Term Disability (STD) Insurance
- Long-Term Disability (LTD) Insurance

**Green Shield Canada (GSC) can accept claim forms for the following benefits:**

- Extended Health Care (EHC)
- Dental Insurance

Please be sure to direct your claims form to the appropriate department to avoid delays in claims payment.

### Can I fax my claim?

Sorry, we are unable to accept claims by fax.

### Can I submit my claim online?

If your Extended Health Care and Dental insurance is with Green Shield Canada (GSC), you can submit your claims online through GSC Plan Member Online Services portal.

### How do I submit a Dental Insurance claim?

Most dental offices will submit a standard dental claim form to the insurance company on your behalf and you will not need to take any action. If this is not the case, please contact Green Shield Canada (GSC) to discuss your claim submission.

### **How do I submit a Short- or Long-Term Disability Insurance claim?**

Claim forms for Short-Term and Long-Term Disability Insurance are available from your Plan Administrator. Once filled out, you should deliver it to your Plan Administrator.

### **How do I submit a drug claim?**

When you use your Direct Pay Drug Card at the pharmacy, your claim is processed automatically and the plan will pick up any of the eligible expenses. If you purchase prescriptions without using your Direct Pay Drug Card, you can be reimbursed by submitting a paper claim directly to the insurance company.

### **How do I submit a health claim?**

Your Plan Administrator can assist you in submitting a health claim and provide you with the required form. Once completed, return it to your Plan Administrator for submission.

### **How do I submit a vision care claim?**

Your Plan Administrator can assist you in submitting a vision care claim and provide you with the required form. Once completed, return it to your Plan Administrator for submission. All claims must be submitted within 12 months from the date the service was incurred.

### **How does my drug card work?**

Simply present your Direct Pay Drug Card to your pharmacy when purchasing prescription drugs and the pharmacy will bill the insurance company directly. You'll be required to pay the pharmacy any applicable annual deductible, dispensing fee deductible and/or co-payment.

### **How long do I have to submit a claim?**

All Extended Health Care (EHC) and Dental Insurance claims must be submitted within 12 months from the date the service was incurred. For all other claims, please contact your Plan Administrator.

### **How do I get a hold of Green Shield Canada (GSC) to inquire about a claim?**

You can call GSC at 1-888-711-1119. This number is also located on the front of your GSC ID Card.

### **My claim wasn't paid. How do I find out why?**

You can call Green Shield Canada (GSC) at 1-888-711-1119. This number is also located on the front of your GSC ID Card.

### **What if my spouse and I both have group benefit plans?**

You'll need to indicate how you'd like your two benefits plans to coordinate, if at all. You may be covered under both plans, or you may elect to waive these benefits as follows:

- For the Plan Member and all eligible dependents; or
- For the Plan Member's eligible dependents only.

If the waiver is selected at the time of initial enrollment, you should complete the Partial Waiver section of our Employee Enrollment Form.

If the waiver is selected after your plan is started, complete the Partial Waiver section of the Employee Change Request Form which is available from your Plan Administrator.

### **How do I find out what I'm covered for?**

To confirm coverage, please refer to your Employee Booklet which details your coverage in full. Your employer can provide you with a copy of your Employee Booklet.

### **Do my benefits cover me if I travel outside of Canada?**

If you have Extended Health Care (EHC) through Green Shield Canada (GSC), or Group Travel Insurance through Awaycare, you are covered for Emergency Medical expenses when travelling. Reimbursement of all Eligible Benefits up to a maximum stated in the Schedule of Benefits will be made only if the services were required as a result of emergency illness or injuries which occurred while the covered person was vacationing or travelling for other than health reasons.

Please refer to your Employee Booklet for plan percentages, limitations, and overall maximum.

### **Can my children remain covered after age 21?**

Children over the age of 21 may continue to be covered as a dependent under your plan up to age 25, provided that they are in full-time attendance at a recognized school, college, or university. If you have a disabled child, he or she may be covered beyond age 25.

### **If I leave my job, can I make arrangements to continue my coverage on an individual basis?**

Upon termination of your employment, you may be eligible to continue health and dental coverage on an individual basis. You must apply within 90 days after the date your group benefits have been terminated.

For more information on group benefit plan conversion, contact your Plan Administrator.

### Should I get an estimate of what my plan will pay before I incur a large health or dental claim?

This is always a good idea where possible.

**Dental Insurance Claims:** If the cost of any proposed dental treatment is expected to exceed \$300.00, ask your Dentist to submit a pre-authorization before the treatment begins.

**Extended Health Care Claims:** Pre-Authorization is also available for Extended Health items. As the required information will vary depending on the item, please contact the insurance company for detailed information on specific claims.

### What happens if my dentist charges more than my plan pays?

Services billed over the Dental Fee Guide are the responsibility of the Plan Member.

### What happens to my coverage if I leave my job?

All Group Insurance coverage ceases on the date you terminate your employment. You can apply within 60 days to continue your health and dental coverage.



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