

Doctors Nova Scotia

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# GET TO KNOW YOUR HEALTH & DENTAL PLAN

2016

THE  
**Great-West Life**  
ASSURANCE  COMPANY

 **Doctors**  
Nova Scotia

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**DOCTORS NOVA SCOTIA**

# GET TO KNOW YOUR HEALTH & DENTAL PLAN 2016

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# MESSAGE FROM THE BOARD OF TRUSTEES

**DEAR MEMBER,**

Doctors Nova Scotia (DNS) is one of the few provincial medical associations to provide a comprehensive health and dental plan for its members and their families. The plan includes prescriptions, vision and dental coverage, medical equipment and orthotics, ambulance and at-home nursing services, hospital and travel coverage, and more.

In the 2015 DNS Member Satisfaction Survey, 83 per cent of respondents indicated that they consider the extended health and dental plan to be a valuable benefit of their DNS membership.

The organization strives to offer a benefits plan that meets the needs of its members while also remaining affordable to DNS and individual subscribers. As such, in 2014, the Board of Trustees commissioned a study to evaluate the cost-effectiveness of the DNS health and dental plan.

As a result of that study, in April 2015, DNS transitioned its health plan provider from Medavie Blue Cross to Great-West Life. While the benefits offered by the plan remain similar, naturally, the change in provider resulted in some changes for plan subscribers.

This booklet is like a cheat-sheet for plan subscribers – it aims to clarify the benefits you're eligible to receive, offer tips to support you in accessing these benefits and to help you gain the greatest benefit from your health and dental plan. Read on for information about what services are covered, how to make a claim and how to get the best value from the plan.

We welcome your feedback. If you have suggestions or questions, please don't hesitate to get in touch by emailing [trustee.chair@doctorsns.com](mailto:trustee.chair@doctorsns.com).

Yours truly,

**Dr. Lisa Bonang**  
**Chair, Board of Trustees**  
**Doctors Nova Scotia**

## FAQ JOINING THE PLAN

### How do I join the plan?

**a. Within 60-day enrolment period:** Members of Doctors Nova Scotia are eligible to join the health and dental plan without providing satisfactory evidence of good health during the 60-day period after they have been a full member for six months (including when their membership dues were paid through Maritime Resident Doctors and DMSS).

**b. After 60-day enrolment period:** Any member who wishes to join the plan after the 60-day period is considered a late applicant and must provide satisfactory evidence of good health. Late applicants must submit an Evidence of Good Health form to Great-West Life. (Contact Catherine Carnegy, Benefits Administrator, for more information: 902-481-4904, 1-800-563-3427 ext. 4904 or catherine.carnegy@doctorsns.com.) Your responses will be reviewed and you will receive a letter advising you whether you have been approved for coverage. You may be contacted and asked to submit additional information.

### CHECK FIRST

Before incurring any large dental expenses or beginning any orthodontic treatment, **ASK YOUR DENTAL SERVICE PROVIDER TO COMPLETE A TREATMENT PLAN** and submit it to Great-West Life for pre-approval.

### HOW LIFE CHANGES AFFECT YOUR ENROLMENT

#### I'm on parental leave – do I still have coverage?

DNS members who are eligible for coverage (see page 15) and have paid their annual premiums are covered under the plan. This includes members who are on parental leave.

#### Will my coverage continue after I retire from active practice?

Yes, your coverage will continue after your retirement. Note that Nova Scotia residency

and renewal of DNS membership are required in order for you to continue to be covered under the plan.

#### What happens to my plan once I turn 65?

At age 65, all coverage remains the same except drug and out-of-country coverage. All Nova Scotians are expected to apply for provincial coverage under the Nova Scotia Seniors' Pharmacare Plan at the age of 65; as such, drug coverage under the DNS plan is terminated. Seniors with pre-existing health conditions may need to provide three months of health records to qualify for out-of-country coverage.

#### Is my disabled and fully dependent adult child eligible for coverage under my plan?

Yes. A child 21 years of age or older who by reason of mental or physical disability is incapable of self-sustaining employment and is totally dependent upon a plan member for support is covered under the plan, provided the child was covered under this plan prior to age 21. Plan members are required to apply for disabled dependent status and need to be approved by Great-West Life before they can continue on the plan.

### ACCESSING BENEFITS

#### What benefits require pre-approval?

Benefits that require pre-approval from Great-West Life include the following:

#### Dental benefits:

Before incurring any large dental expenses or beginning any orthodontic treatment, ask your dental service provider to complete a

treatment plan and submit it to Great-West Life for pre-approval. Great-West Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

The DNS dental plan provides coverage for eight units of scaling and root planing (combined) every nine months. Additional units may be considered in cases of severe periodontal conditions. The additional units must be pre-approved (for a 12-month period) before the service is rendered.

**Are X-rays ever required before a dental benefit will be approved?**

Dental X-rays are required prior to dental benefits being approved in the following circumstances:

- For pre-approval of additional units of scaling and root planing. In addition to current periodontal charting and clinical notes, the Great-West Life dental consultant requires current X-rays (within the past three years) to determine if additional units of scaling and root planing can be approved.
- For appeals for previously declined claims or estimates, we require supporting documentation, which may include X-rays, for review by the Great-West Life dental consultant.

**Health-care benefits:**

Most health-care benefits do not require pre-approval, with the following exceptions:

- Pre-approval is required for treatment following a dental accident

- A pre-care assessment should be submitted before home nursing begins
- Estimates should be submitted for other health-care benefits, as we may require supporting information for some medical equipment, supplies or services to determine whether the expense is eligible for coverage

Contact a Great-West Life representative for more information: 1-800-957-9777.

**Drug benefits:**

Great-West Life requires prior authorization for certain high-cost drugs. See “Does my plan provide catastrophic drug coverage?” below.

**Does my plan provide catastrophic drug coverage?**

Catastrophic drug coverage is defined as the provision of a general level of coverage that protects individuals from drug expenses that threaten their financial security or cause undue financial hardship. Great-West Life provides this coverage for DNS plan members.

Great-West Life requires prior authorization for certain high-cost drugs. The patient must meet certain medical criteria before they will be authorized for these drugs. A list of the drugs requiring prior authorization is provided on the Great-West Life website.

Prior authorization is intended to help ensure that a drug represents a reasonable treatment. If the use of a lower-cost alternative service or supply represents reasonable treatment, you or your dependent may be required to provide medical evidence to Great-West Life showing why the lower cost

Great-West Life requires prior authorization for certain high-cost drugs. **A LIST OF DRUGS REQUIRING PRIOR AUTHORIZATION** is provided at [www.groupnet.greatwestlife.com](http://www.groupnet.greatwestlife.com)

alternative service or supply cannot be used before coverage may be provided.

Prior authorization is also required for hospital use drugs (HUD). Before paying out an eligible HUD, Great-West Life will confirm where the patient is being administered the drug (not eligible if administered in hospital on an in-patient basis). The following HUD drugs require the patient to meet medical criteria before the cost of the drugs will be covered: Abraxane, Camptosar, Eloxatin, Erbitux, Fludara (vial only), Fludarabine phosphate, Halaven, Herceptin, Irinotecan, Istopax, Jevtana, Mabcampath, Taxotere/docetaxel, Treanda, Trisenox, Vectibix and Velcade.

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### GREAT-WEST LIFE SERVICE FEATURES

#### How do I make a claim?

Plan subscribers may make a claim in one of three ways: automatically, via their health-care provider (i.e., dentist, physiotherapist or pharmacist); by a paper claim form; or online, using GroupNet. (More on page 12.)

#### What is GroupNet, and why should I sign up?

GroupNet ([www.groupnet.greatwestlife.com](http://www.groupnet.greatwestlife.com)) is the online portal for Great-West Life. It allows plan members to make claims online, to monitor the status of their claims and to review a summary of their claims. It also offers a variety of health-care information. (Read more on page 14.)

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### FINANCIAL MATTERS

#### How will I be billed for my premiums?

Doctors Nova Scotia issues health and dental

plan invoices on an annual basis. You will receive your invoice in mid-February each year; payments are due in March.

#### Are my premiums tax deductible?

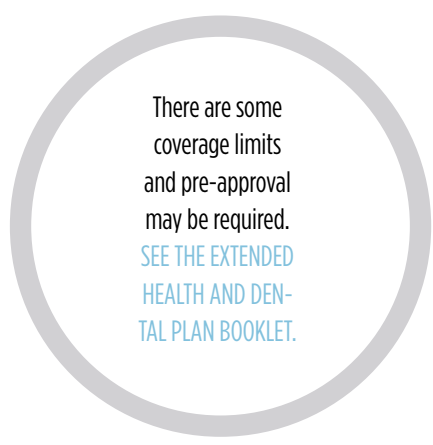
According to the Canada Revenue Agency, employee-paid premiums to a private health services plan are considered qualifying medical expenses and can be claimed by the employee on his or her income tax and benefit returns. Although DNS members are not technically employees of Doctors Nova Scotia, this ruling applies to the premiums you pay for your benefits.

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### MORE QUESTIONS?

We're always available to help. If you need more information, don't hesitate to contact Catherine Carnegy, Benefits Administrator, at 902-481-4904, 1-800-563-3427 ext. 4904, or [catherine.carnegy@doctorsns.com](mailto:catherine.carnegy@doctorsns.com).

You can also contact a customer service representative at Great-West Life for assistance with your medical and dental coverage. Call 1-800-957-9777.





# TOP 5 BENEFITS

THE DOCTORS NOVA SCOTIA EXTENDED health and dental plan offers comprehensive coverage for its members. In this section, we briefly cover the plan's top benefits – and uncover some lesser-known benefits that you might be interested in. (These are just the highlights; **for full details, see the Extended Health and Dental Plan booklet** provided by Doctors Nova Scotia. It's also available online.)

## 1. Health

When it comes to health benefits, the DNS plan has you covered:

- *Need to get to a hospital?* Your plan covers 80 per cent of the cost of transportation by ambulance (or by air, rail or water, if necessary) to the nearest centre where adequate treatment is available (to a maximum of \$1,000 per trip).
- *Sometimes, only in-patient care will do.* Whether you need acute, convalescent or palliative care, your semi-private hospital room is 50 per cent covered.
  - *When you're out of the hospital but not quite out of the woods,* a registered nurse or licensed practical nurse can make all the difference. After receiving pre-approval, you can claim up to \$13,000 worth of these services each calendar year. (See the full plan booklet for details.)
  - *Prescription drugs are taken care of.* This includes oral contraceptives, drugs to treat erectile dysfunction (up to \$250 each calendar year), fertility drugs (\$3,000 lifetime maximum), injectable drugs and syringes, preventative immunization vaccines and toxoids, and some drugs that don't require

a prescription. Members under 65 pay a \$20 co-pay.

- *Need medical supplies or equipment?*

You're covered from head to toe. The plan covers 80 per cent of the cost of the rental or (at the plan's discretion) purchase of certain medical supplies, including: wigs for cancer patients, hearing aids, speech aids, breathing equipment, feeding/alimentation systems, intrauterine devices, diabetic supplies, ostomy appliances, custom-made compression hose and orthotics. The plan also covers medical prostheses and medical equipment such as canes, crutches and wheelchairs, hospital beds, and blood glucose and blood pressure monitors. (See the full plan booklet for a comprehensive list.)

- *Dental injuries bite.* Your plan covers the treatment of accidental injury to sound natural teeth.

## 2. Paramedical

Your plan provides coverage for a variety of out-of-hospital treatments by a variety of paramedical practitioners. You can claim up to \$600 per practitioner each calendar year. The list of eligible service providers includes:

- Acupuncturists
- Chiropractors
- Massage therapists
- Naturopaths
- Occupational therapists
- Osteopaths
- Physiotherapists
- Podiatrists and chiroprodists
- Psychologists and qualified social workers
- Speech therapists

Need a listening ear?  
 THE PROFESSIONAL  
 SUPPORT PROGRAM OFFERS  
 CONFIDENTIAL HELP TO PHY-  
 SICIANS AND THEIR FAMILIES.  
 Call 1-855-275-8215 or email  
 professionalsupport@  
 doctorsns.com.

To be reimbursed for these services, your service provider must be appropriately qualified. You do not need a doctor's referral to claim these services.

### 3. Vision

Your extended health and dental plan covers vision care and corrective lenses for you and your dependents.

- *See your way clear.*

You're eligible to have an eye exam performed by a licensed ophthalmologist or optometrist every 24 months.

- *Look sharp.* Your plan covers up to \$200 every 24 months to be used toward glasses, contact lenses or laser eye surgery required to correct vision, as long as they're provided by a licensed ophthalmologist, optometrist or optician. You're also covered for contact lenses for impaired cornea, when the cornea is impaired so that visual acuity cannot be improved to at least the 20/40 level in the better eye with eyeglasses, to a maximum of \$250 every 24 months.

- **Note:** Coverage amounts and time periods are different for dependent children under the age of 18. Check the Extended Health and Dental booklet for details.

### 4. Dental

For information on **DISCOUNTS ON EYEWEAR AND VISION CARE SERVICES**, refer to the Preferred Vision Services section of the Extended Health and Dental Plan booklet (p. 25).

Your health plan covers a comprehensive array of dental care services for you and your dependents. Basic dental services are 80 per cent covered and major services are 50 per cent covered, up to \$1,500 annually.

- *Diagnostic services* › Such as X-rays, casts and examinations
- *Preventative services* › Including scaling, polishing and fluoride application
- *Minor restorative services* › Such as filling cavities, pain control, and pins, posts and pre-fabricated crowns
- *Endodontic and periodontal services, and oral surgery* › Including root canals, root planing and wisdom tooth extraction
- *Dentures and bridgework*
- *Orthodontics* › For dependents between the ages of 6 and 18

### 5. Travel

Your health and dental plan offers up to 180 days of travel coverage each calendar year. (Members over 65 with a pre-existing condition may need pre-approval.)

- **Out-of-country emergency care** coverage provides benefits during a medical emergency while you or your covered dependents are temporarily outside Canada for business, education or vacation. This includes:
  - *On-site hospital payment when*

*required for admission, to a maximum of \$1,000.*

- *If suitable local care is not available, medical evacuation to the nearest suitable hospital.*
- *A variety of health-care services, such as diagnostic exams, X-rays, medical treatment and hospital stays.*
- **Travel assistance** provides aid to international travellers through 24-hour-a-day, seven-day-a-week access to a travel assistance provider that can direct you to a health-care facility or assist with travel arrangements following a medical emergency. Benefits include:
  - *Lodging for a travelling companion if the return trip is delayed by your (or your dependent's) medical condition*
  - *Transportation and lodging for one family member joining a patient hospitalized for more than seven days while travelling alone. (Restrictions apply; see booklet for details.)*

Have the right information when you travel: Always carry your provincial health card and Great-West Life card. **YOUR GWL CARD SHOWS WHAT NUMBER TO CALL IN CASE OF EMERGENCY.**





# HOW TO MAKE A CLAIM

**MAKING A CLAIM FOR MEDICAL** or dental expenses shouldn't be complicated. In most cases – especially for vision care, dental care and at the hospital – your provider will be set up to file electronically. Just present your subscriber card – that's it, you're done! If your provider isn't set up to e-file, you can either submit a claim form or file online through GroupNet for Plan Members.

Tired of shuffling papers? Signing up for **GROUPNET FOR PLAN MEMBERS CAN HELP YOU GO PAPERLESS**. Watch this video to learn more: [goo.gl/wmn5X2](http://goo.gl/wmn5X2).

	Provider e-file	Claim form	Online	Notes
<b>HEALTH</b> (medical treatment; prescriptions; medical supplies/ equipment; paramedical treatment)	In most cases, the provider will submit the required form to Great-West Life on your behalf. This includes hospital services.	If you need to submit a Healthcare Expenses Statement, use form M635D. Don't forget to include an itemized receipt and any supporting documentation. Download the form at <a href="http://doctorsNS.com">doctorsNS.com</a>	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	For hospital services, present your subscriber information card to the hospital and they will bill Great-West Life directly. Some drugs, medical supplies and equipment require predeterminations. Find out more on page 4.
<b>VISION</b> (eye exams, glasses, contact lenses and laser eye surgery)	Present your subscriber identification card to participating optometrist/optician when your prescription is filled.	In most cases, the provider will submit the required form to Great-West Life on your behalf. If they don't, you'll need to submit a Visioncare Claim Form (form M1214D). Download the form at <a href="http://doctorsNS.com">doctorsNS.com</a>	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	You'll also need to submit an itemized receipt for paper claims.

	Provider e-file	Claim form	Online	Notes
<b>DENTAL</b> (preventative and routine care; minor and major restorative services; periodontics and orthodontics; dentures)	Present your subscriber identification card when paying for dental services.	In most instances the dental service provider will submit the required claim form to Great-West Life for payment. If they don't, submit a Dentalcare Expenses Statement (form M445D) You'll also need to submit an itemized receipt. Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	Great-West Life offers predeterminations for dental work. They will tell you exactly how much your plan will cover and how much you will have to pay out-of-pocket. Ask your dentist or call Great-West Life for more information.
<b>HEALTH CARE SPENDING ACCOUNT</b>	N/A	First, submit all claims to any government and private insurance plans under which you or any eligible dependents are covered. Then complete a claim form. For health, vision and travel claims: use form M635D (HCSA). For dental claims, use form M445D (HCSA). Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	Claims incurred by Dec. 31 must be filed by March 31 of the following year.
<b>TRAVEL</b> (Out-of-country emergency care coverage; travel assistance)	Call the toll-free number on the back of your Great-West Life identification card for assistance when an unexpected illness or injury happens while travelling outside Nova Scotia.	N/A	N/A	Pre-approval may be required.



# YOUR HEALTH CARE SPENDING ACCOUNT

**THE HEALTH CARE SPENDING ACCOUNT (HCSA)** is similar to a bank account; each plan member has an HCSA with \$300 of credit that can be used to pay for expenses beyond what is typically covered by your extended health and dental plan. Doctors Nova Scotia plan subscribers each have an HCSA credit of \$300 each calendar year. The plan subscriber may claim expenses for the whole family up to a total of \$300. If you are covered by multiple plans, the HCSA will reimburse you for the balance of the expense remaining after all other insurance plans have paid out.

## 1. How do I make a claim to my HCSA?

First submit all claims to any government and private insurance plans under which you or any eligible dependents are covered. Once you have received reimbursement for the expense from all other plans, you may submit a claim against the HCSA. Follow the flow chart on page 10.

## 2. Is there a time limit on HCSA claims?

Generally, you have three months following the end of the year in which the claim was incurred to make your claim against the HCSA. In other words, if you incurred the expense by Dec. 31, you have until March 31 of the following year to submit your claim against the HCSA. Claims from the previous year that are received by Great-West Life after March 31 will not be paid.

Unused HCSA credits may be carried over to the following year's account. If unused credits are rolled forward, any claims incurred in the new year must be applied first

to the roll-over amount to reduce the chance of forfeiture by the end of the second year. Any rolled-over HCSA credits that have not been used by Dec. 31 of the second year (as above, GWL must receive the claim by March 31 of the following year) will be forfeited.

## 3. What types of expenses are covered by the HCSA?

You can use HCSA credits to top up or cover expenses that are only partly covered or that aren't covered by group health plans, including deductibles and co-payment amounts. Also, since annual credits are in the form of before-tax dollars, the HCSA is a tax-effective way of paying for your health-related expenses.

## HOW TO SUBMIT AN HCSA CLAIM

Before you submit a claim to your HCSA, you must first submit it to any government and private insurance plans under which you or any eligible dependents are covered. This includes your health plan, your spouse's health plan and provincial seniors' pharmaceutical (for members over 65 years old). Once you have been reimbursed by all other plans, you are ready to submit a claim to your HCSA.

*NOTE: Expenses incurred before December 31 must be received before March 31 of the following year to be eligible for reimbursement from the HCSA.*

**SAVE RECEIPTS**  
SAVE YOUR RECEIPTS FOR 12 MONTHS FROM THE DATE YOU SUBMIT YOUR CLAIM to Great-West Life; you'll need to send them in if Great-West Life asks for proof of payment.

## HOW TO SUBMIT AN HCSA CLAIM

### Gather the following information before beginning your claim:

- Your GWL member number and plan number (find this on your member card or a recent statement)
- Detailed receipt from the service provider (not a credit card receipt or non-itemized cash register receipt)
- Copy of the original claim form(s) and proof of payment or denial

Was your expense incurred in Canada?

YES

NO

Do you want to submit your claim online or by mail?

SUBMIT BY MAIL

SUBMIT ONLINE

Have you signed up for GroupNet for Members and direct deposit?

NO

YES

DENTAL

HEALTH-CARE

FOR DENTAL EXPENSES, USE FORM **M445D**

FOR OTHER EXPENSES, USE FORM **M635D**

- Visit [www.doctorsNS.com](http://www.doctorsNS.com) to download the form you need
- Following the instructions on the form, fill out relevant sections (the form is a fillable PDF)
- Print two copies of the form: one to submit and one for your records
- Attach relevant receipt to the form. Be sure to retain copies of your receipts, as originals will not be returned
- Mail form to the address listed on page two of the claim form

- Visit [groupnet.greatwestlife.com](http://groupnet.greatwestlife.com)
- Set up a username and password
- Registration notification is by posted mail\*
- Sign up for direct deposit:
  - Click on the "My Profile" tab
  - Click on "Request Direct Deposit"
- Enter your banking information
- Allow two business days for changes to take effect
- You are now eligible to file a claim online
- \*This step can take up to two weeks depending on Canada Post's delivery schedule**

- Proceed to [groupnet.greatwestlife.com](http://groupnet.greatwestlife.com)
- Enter username and password
- On main page, click on "Submit a claim"
- Under "Claim submission method" click on "Online claim" next to HCSA
- Enter claim information as required
- You do not need to send in your receipts unless requested by GWL, but should retain your receipts for one year
- Your payment will be delivered via direct deposit
- Check the status of your claim or your claims history by clicking on the "Claims" tab



# TOP 5 SERVICES OFFERED BY GREAT-WEST LIFE

GREAT-WEST LIFE AND DOCTORS NOVA SCOTIA want to make it easy for you to access your health and dental benefits – whether that means finding out how much a service will cost, making a claim when and how it’s convenient for you, or saving a bit of money on your prescriptions. Here’s a summary of the Top 5 services that Great-West Life offers its plan members.

### 1. GroupNet for Plan Members

When you register for GroupNet, you free yourself from having to download, print and fill out claim forms – and you save on postage. Using GroupNet means you can submit your claims easily online. It also enables you to review a summary of all of your claims – especially helpful at income tax time. (Read about how to sign up for GroupNet on page 14.)

### 2. Costco for prescriptions

Plan members save on out-of-pocket costs when filling prescriptions at Costco Wholesale pharmacies. While regular pharmacies charge a \$20 deductible, at a Costco pharmacy, you only pay a \$15 deductible. Anyone – whether they have a Costco membership or not – can use the Costco pharmacy. Plan members who live outside the Halifax Regional Municipality can take advantage of Costco’s provincial mail order service for prescription medications and refills in Nova Scotia. Medications can be delivered to your home or other shipping address via free standard shipping.

### 3. Mobile app

Smartphone users can download the GroupNet Mobile App for free, enabling you to submit claims, access coverage information, view your card information and use GPS to locate the nearest health-care provider signed up for direct billing with Great-West Life. If you sign up for the text-messaging option, you’ll receive texts from Great-West Life to notify you every time a claim has been paid.

You can also access “Drug Hub” – a virtual medicine cabinet that contains information on medications and reminds you and your family members when to take your medication and when to order refills.

### 4. Provider e-claim

Many Canadian health-care providers are set up to file claims with Great-West Life automatically. This makes it faster and easier for you to be reimbursed for your care. To find a list of providers who are set up to file claims electronically, sign in to GroupNet. If your provider isn’t set up to file electronically, you can suggest they contact Great-West Life to register by calling 1-866-240-7492.

### 5. Predeterminations for dental care

A predetermination lets you know up front the amount your benefits plan will pay, and the difference in cost that you may have to pay out of pocket. This information can help you and your providers make informed decisions about your dental care.

Save on deductibles. Regular pharmacies charge a \$20 deductible, BUT A COSTCO PHARMACY ONLY CHARGES A \$15 DEDUCTIBLE.



# GROUPNET FOR MEMBERS

ALTHOUGH MANY HEALTH-CARE PROVIDERS have registered for direct billing with Great-West Life, sometimes you will need to submit a claim yourself. If you sign up for GroupNet for Members – a free, easy to use web portal – you can dispense with filing paper claim forms. Using GroupNet means you can connect to a variety of secure, user-friendly services online, any time.

## GROUPNET FOR PLAN MEMBERS

GroupNet for Plan Members is simple, secure and available 24-7. Registering for GroupNet enables you to:

- Submit claims (including for your HCSA) online or on paper
- Download and print all the forms you need
- Sign up for direct deposit
- Get text messages or email notifications when your claims have been processed
- View your claim status and Explanation of Benefits for the past 24 months

## HOW TO REGISTER

Follow these steps to register and log in for the first time. It only takes five minutes. Here's what to do:

- Visit [www.greatwestlife.com](http://www.greatwestlife.com)
- Click "GroupNet for Plan Members"
- Click "Register now"
- Follow the instructions to register:
- Enter your plan and member ID information
- Enter your name, birth date and postal code
- Accept the site's terms and conditions
- Choose your username, password and security question

- Sign up for direct deposit (this is required if you want to submit claims online; the changes take two business days to take effect)

Your registration will be confirmed in writing by posted mail.

## GROUPNET MOBILE APP

The free GroupNet mobile app brings the convenience of GroupNet to your mobile device. Enjoy all the benefits of GroupNet on your iPhone, BlackBerry or Android device. Simply download the app and sign in with your GroupNET username and password to immediately connect to your benefits, claims and coverage while you're on the move.

For more information and how-to videos, visit: <http://goo.gl/KnvVz>

### KNOW YOUR NUMBERS

- Be sure to **HAVE YOUR BENEFIT ID CARD HANDY WHEN SIGNING UP** – you'll need to enter your policy plan and member ID numbers

# MEMBER ELIGIBILITY

DOCTORS NOVA SCOTIA OFFERS its members several options for enrolling in the extended health and dental benefits plan. Full members may choose from four plans: single, family, senior single or senior family. (Senior plans are for members aged 65 and over.)

## PLAN ENROLMENT

All full members of Doctors Nova Scotia are eligible to join the health and dental plan without satisfactory evidence of good health during the 60-day period after they have been a full member for six months. Any member who wishes to join the plan after the 60-day period must provide satisfactory evidence of good health. Note: Obtaining proof of good health isn't covered by MSI; it's an out-of-pocket expense.

## ELIGIBILITY CRITERIA

Single, family, senior single and senior family plans are available to members whose principal residence is in Nova Scotia and who have been members of Doctors Nova Scotia for six months.

Physicians who provide full-time patient care in Nova Scotia but report their residence address as outside Nova Scotia may appeal to the Board of Trustees. The Doctors Nova Scotia Board of Trustees will adjudicate any appeals regarding eligibility and benefits.

## ELIGIBLE DEPENDENTS

If you choose the "family" or "senior family" option, your extended health and dental benefits package will cover the following dependents:

- Your legal spouse (the person you publicly acknowledge to be your spouse and who has cohabited with you continuously for at least 12 months)
- A stepchild, legally adopted child, or natural child of yourself or your spouse (excluding a foster child) who is under 21 years of age and not employed for more than 20 hours a week
- Unmarried children under 25 years of age while attending college or university or other accredited educational institution as full-time students, provided there is no mandatory student program

in effect or available offering the same or similar coverage

- A child 21 years of age or older who by reason of mental or physical disability is incapable of self-sustaining employment and is totally dependent upon you for support, provided such child was covered under this policy prior to age 21

## TERMINATION

Benefits cease with the termination of your membership to the association, or failure to meet eligibility requirements, with the exception of a surviving spouse who continues to pay full premiums.

## CONVERSION PRIVILEGE

If you terminate participation in the group health and dental plan, you may convert to an Individual Health and Dental plan issued by Great-West Life provided that application is made within 31 days following your date of termination. This conversion privilege is also available to a surviving spouse and/or dependents.

# KEY CONTACTS

If you have questions about:	You should talk to:	Contact information:
Plan eligibility Applying to the plan Invoices and billing Adding a dependent to your plan	Catherine Carnegy Membership officer and benefits administrator	Doctors Nova Scotia 902-481-4904 1-800-563-3427 ext. 4904 catherine.carnegy@doctorsns.com
Plan coverage Pre-determinations Pre-approvals Tracking a claim Appealing an unpaid claim	Great-West Life customer service	1-800-957-9777