



# UNIVERSITY OF VICTORIA RETIREES ASSOCIATION

## VOLUNTARY RETIREE BENEFIT PLAN

### CLAIMS SUBMISSION FREQUENTLY ASKED QUESTIONS

Dear UVRA Members:

We know that your benefit coverage is important to you. The University of Victoria Retirees Association (UVRA) and your UVRA benefits provider Johnson Inc. want to ensure that Members have a clear understanding of their benefit coverage, as well as the claims submission process. Many of you may be new to the UVRA Benefit Plan and have yet to submit a benefit claim, or it may have been a while since submitting a claim. The following is a summary of the claims process for the various benefit options available to UVRA Members.

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## EXTENDED HEALTH CARE (EHC) PLAN

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### 1. HOW DO I SUBMIT AN EXTENDED HEALTH CARE CLAIM? WHERE DO I GET A PAPER CLAIM FORM?

An Extended Health Care claim form would have been included in your initial enrolment package. Upon each paper claim submission, a new personalized claim form will be sent to Members in the same package as the claim's verification receipt sent out following a claim. You can also access additional personalized claims forms through the Johnson Inc. Members Only Website at: <https://www.johnson-insurance.com/Members-Only/>, or by contacting Johnson Inc.'s Claims department at:

**JOHNSON INC. – CLAIMS DEPARTMENT**  
**Toll Free: 1-877-413-6599**  
**Telephone: (780) 413-6599**  
**Email: [pbclaimswest@johnson.ca](mailto:pbclaimswest@johnson.ca)**  
**8:30 a.m. to 5:30 p.m. MST, Monday through Friday.**

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### 2. I AM NEW TO THE UVRA PLAN. HOW DO I GET MY PRESCRIPTIONS DIRECT BILLED TO THE PLAN?

When you go to your pharmacist, provide them with your Johnson Inc. wallet card. They will pull up the UVRA plan on their system and have the covered amount directly billed to the Plan. If they are having difficulty accessing your plan details, please have them contact Johnson Inc.'s Pharmacy Assistance line at:

**Toll Free: 1-866-773-5467**  
**8:30 a.m. to 5:30 p.m. MST, Monday through Friday.**

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### 3. MY PHARMACIST DOES NOT USE DIRECT BILLING. HOW DO I SUBMIT MY PRESCRIPTION CLAIM?

In the event that your pharmacist does not use direct billing, please incur the cost of your prescription and retain the receipt to submit a manual Extended Health Care Claim. Fill out an Extended Health Care Claim form, and submit it to:

**JOHNSON INC.**  
**Plan Benefit Claims**  
**11120 – 178 Street**  
**Edmonton, AB T5S 1P2**

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### 4. HOW LONG UNTIL I AM REIMBURSED FOR MY EXTENDED HEALTH CARE EXPENSE?

The Johnson Inc. Claims department processes claims within 5 business days of receiving a submitted claim. Please allow a further 3 to 5 business days to account for the time it takes to arrive through the postal system.

**Note:** *One way of expediting payment is to enlist in the electronic deposit option. This can be done by providing a blank check marked "VOID" with your next claim's submission and a note stating you would like the funds to be electronically deposited. This information will be kept on file for future payments.*

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### 5. HOW LONG DO I HAVE TO SUBMIT AN EXTENDED HEALTH CARE CLAIM?

Written proof of an eligible claim must be submitted to Johnson Inc. by the end of the Calendar Year following the year in which the claim was incurred. For example, if a claim is incurred on September 1, 2013, a claimant will have until December 31, 2014 to submit the eligible expense for reimbursement. In the event coverage has been cancelled, final claims must be received by Johnson Inc. within 90 days of termination of the plan.

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### 6. WHY DO I HAVE TO MAIL MY ORIGINAL RECEIPTS AND INVOICES?

Insurance companies require original receipts and invoices to validate claim submissions and to ensure that the coordination of benefits is done accurately. In the event that your UVRA plan is the second payor after another private plan, Johnson Inc. will require photocopies of your receipts/invoices along with the original Explanation of Benefits from the first payor. Payments under all policies or plans (including this plan), shall be co-ordinated so that total payment does not exceed 100% of the eligible expenses incurred. This means that when the Insured Person is entitled to similar payments under one or more plans, payments under this Plan will be reduced to the necessary so that they do not exceed 100% of eligible expenses incurred, after taking into account payments from the other plans. For more information on the co-ordination of benefits provision under the UVRA plan, please refer to your Certificate of Insurance.

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### 7. WHY WAS MY PRESCRIPTION NOT COVERED OR ONLY PARTIALLY COVERED?

The UVRA EHC plan reimburses eligible prescription drug expenses at 80% with Mandatory Generic Substitution when available (bases coverage on the price of the lowest cost alternative among drugs that have identical active ingredients). Eligible drugs are comprised of:

- Drugs, sera and injectables, and compounds/mixtures which by law require a prescription from a physician, dentist or practitioner legally qualified to prescribe, and dispensed by a licensed pharmacist.
- Both non-prescription drugs (which have a Drug Identification Number) and supplies required as a result of colostomy or ileostomy and/or treatment of cystic fibrosis, diabetes (e.g., lancets, test strips, syringes), heart disease or Parkinson's.

#### **Limitations and restrictions:**

- Exceptions include over-the-counter drugs, or drugs used for cosmetic purposes.
- A \$10 dispensing fee cap and 8% mark-up limit apply to each prescription when filled.
- Maximum allowable supply is 100 days. Members can obtain up to a total 200 day supply by completing a Vacation Supply form when taking an extended vacation.

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#### **FOR MORE INFORMATION ON SUBMITTING EXTENDED HEALTH CARE CLAIMS, PLEASE CONTACT:**

##### **JOHNSON INC. - CLAIMS DEPARTMENT**

**Toll Free: 1-877-413-6599**

**Telephone: (780) 413-6599**

**Email: [pbclaimswest@johnson.ca](mailto:pbclaimswest@johnson.ca)**

**8:30 a.m. to 5:30 p.m. MST, Monday through Friday.**

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## **DENTAL CARE PLAN**

### **1. HOW DO I SUBMIT A DENTAL CLAIM?**

At your dental office, provide them with your Johnson Inc. wallet card. This will supply them with the information they need to automatically bill your insurance plan the covered amount through the CDAnet system.

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### **2. MY DENTAL OFFICE WAS UNABLE TO DIRECTLY BILL THE UVRA BENEFIT PLAN FOR MY DENTAL CHECK-UP. WHAT DO I DO?**

Johnson Inc. will walk the dental office through the process of directly billing the plan through the CDAnet system. Please ask your dental office to contact Johnson Inc.'s Claims department at:

##### **JOHNSON INC. - CLAIMS DEPARTMENT**

**Toll Free: 1-877-413-6599**

**Telephone: (780) 413-6599**

**Email: [pbclaimswest@johnson.ca](mailto:pbclaimswest@johnson.ca)**

If your dental office does not have the capabilities to bill through the CDAnet system, they will need to complete a standard dental claim form (SDCF), have you sign it, and mail it to Johnson Inc.'s Claims department.

### 3. HOW DO I KNOW IF A CERTAIN DENTAL PROCEDURE IS COVERED UNDER THE UVRA BENEFIT PLAN?

Your dental office will be able to submit a coverage request by mail only, for specific dental procedures direct to the Plan. This pre-approval process will allow you to first determine whether a procedure is covered under the Plan and to what dollar amount, prior to the undergoing the dental procedure. You will receive a copy of the pre-approval results, to determine how much of the procedure would be covered under the Plan. Please allow 2 to 4 weeks to receive this information by mail.

Please note that Major Restorative procedures require a pre-treatment plan including the itemized services to be performed, the itemized charges for each service, and when required, be supported by x-rays.

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#### FOR MORE INFORMATION ON SUBMITTING DENTAL CARE CLAIMS, PLEASE CONTACT:

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**Telephone: (780) 413-6599**

**Email: [pbclaimswest@johnson.ca](mailto:pbclaimswest@johnson.ca)**

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## PRESTIGE TRAVEL PLAN – OUT-OF-PROVINCE/COUNTRY EMERGENCY MEDICAL

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### 1. WHO DO I CALL IN THE EVENT OF A MEDICAL EMERGENCY WHILE TRAVELLING?

Contact your Emergency Assistance Help Line – SIGMA ASSISTEL. You must **ALWAYS** call SIGMA before you seek emergency medical treatment, in the event of a Trip Cancellation claim prior to departure, or a Trip Interruption post departure. If you are unable to call because you are medically incapacitated someone else (such as a relative, friend, nurse, physician or medical provider) must contact SIGMA ASSISTEL on your behalf as soon as is reasonably possible.

At first onset of symptoms of a medical emergency and before you seek medical attention, contact the 24-hour Sigma Assistel Centre. Immediate contact to Sigma is necessary to ensure expenses are covered. Call the following numbers on your Wallet I.D. card, any time of day or night:

**SIGMA ASSISTEL**

**Canada/USA (Toll Free): 1-877-775-3695**

**Other Countries (Call Collect): (514) 875-3695**

**Or Fax (514) 875-7729**

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### 2. WHAT WILL I NEED WHEN I CALL SIGMA?

You will need:

- Your Provincial Health Insurance Number
- Your Certificate Number, as shown on your coverage confirmation letter.
- Your Sigma Policy # 644460, as shown on your wallet I.D. Card Or Fax (514) 875-7729

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### 3. WHAT HAPPENS WHEN I CALL SIGMA ASSISTEL?

SIGMA ASSISTEL will orchestrate the following with you over the phone:

- Refer you to a physician or hospital within its network that can best provide the care you require.
- Make arrangements for payment of eligible expenses on your behalf. Do not assume that a hospital will make these arrangements with Sigma when you show your I.D. card.
- Advise your family and travelling companions that they should call on your behalf if you are unable to do so.
- When necessary, Sigma Assistel will make all transportation arrangements for emergency evacuation, transportation of a family member to your bedside and return of a vehicle.

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### 4. WHAT DO I DO WITH MY EXPENSE RECEIPTS?

**KEEP ALL OF YOUR ORIGINAL RECEIPTS** as you will be required to show Proof of Departure. When you contact the Sigma Assistel Centre you are providing “notice of claim”. This call prompts Sigma to mail out the applicable claim form for you to complete and remit back to them. To request your claim form and provide “notice of claim”, please contact:

**SIGMA ASSISTEL:**

**Canada/USA (Toll Free): 1-877-775-3695**

**Other Countries (Call Collect): (514) 875-3695**

Please send your expense receipts with claim form to:

**DESJARDINS FINANCIAL SECURITY (ATTENTION: CLAIMS DEPARTMENT)**

**C.P. 3950, Lévis, Québec, G6V 8C6**

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### 5. WHAT CAN I PROVIDE AS “PROOF OF DEPARTURE” IN THE EVENT OF A CLAIM?

Examples include:

- purchase made at the Canadian duty-free store;
- stamped passport;
- airline ticket;
- credit card receipt.

Proof of departure must identify the following:

- Your Name
- Transaction Date
- Transaction Location (to verify the transaction took place in your province of residence).

## 6. I HAVE ALREADY SUBMITTED MY CLAIMS RECEIPTS. WHY DO I KEEP RECEIVING PHYSICIAN OR HOSPITAL BILLS?

Sometimes it takes a while for a medical practitioner's system to verify that they have received payment. Do not be concerned. Please forward the receipts immediately to:

**DESJARDINS FINANCIAL SECURITY (ATTENTION: CLAIMS DEPARTMENT)**  
**C.P. 3950, Lévis, Québec, G6V 8C6**

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## 7. IS THERE ANYTHING I SHOULD DO BEFORE I TRAVEL?

In order to simplify and expedite the payment of any travel claim, please consider the following:

- Make sure you understand your coverage: The plan covers you for emergencies only. An emergency is a sudden and unforeseen sickness or injury that requires immediate medical attention. Please note that in the event of a claim, the insurer may request your medical history.  
*Note: The governing document is your Certificate of Insurance available at [www.johnson.ca/UVRA](http://www.johnson.ca/UVRA).*
  - If you require medication for an ongoing condition, remember to bring enough with you for the duration of your trip. It is also a good idea to carry a copy of your eyeglass prescription.
  - Be sure your coverage is in force with your Provincial Health Insurance Plan and that you meet the residency requirements for your province.
  - You will be required to provide proof of departure in the event of a claim. Proof can take any form so long as it identifies your name, specifies the date and indicates that the transaction took place in your province of residence.
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## 8. HOW LONG DO I HAVE TO SUBMIT A PRESTIGE TRAVEL CLAIM?

To make a claim for benefits under the UVRA Prestige Travel Plan, notice of the claim must be submitted to Sigma Assistel within thirty (30) days after the medical Emergency occurs, or as soon as is reasonably possible thereafter. A phone call to Sigma Assistel to report the claim will be considered "Notice of Claim" under the terms of the policy. Written proof of claim must be submitted within 90 days after the date of the medical Emergency, but not more than 12 months after the date of the medical Emergency.

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**FOR MORE INFORMATION ON THE TRAVEL COVERAGE AVAILABLE TO UVRA MEMBERS, PLEASE CONTACT:**

**JOHNSON INC. - SERVICE DEPARTMENT**

**Toll Free: 1-877-989-2600**

**Telephone: (780) 413-6536**

**Email: [pbservicewest@johnson.ca](mailto:pbservicewest@johnson.ca)**

**8:30 a.m. to 5:30 p.m. MST, Monday through Friday.**

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## MEDOC TRAVEL

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### 1. WHO DO I CALL IN THE EVENT OF A MEDICAL EMERGENCY WHILE TRAVELLING?

Contact your Emergency Assistance Help Line – MEDOC Claims Assistance Centre (Global Excel). You must **ALWAYS** call the MEDOC Claims Assistance Centre (Global Excel) before you seek emergency medical treatment, in the event of a Trip Cancellation claim prior to departure, or a Trip Interruption post departure. If you are unable to call because you are medically incapacitated someone else (such as a relative, friend, nurse, physician or medical provider) must contact the MEDOC Claims Assistance Centre (Global Excel) on your behalf as soon as is reasonably possible.

At first onset of symptoms of a medical emergency and before you seek medical attention, contact the 24-hour MEDOC Claims Assistance Centre (Global Excel). Immediate contact to the MEDOC Claims Assistance Centre (Global Excel) is necessary to ensure expenses are covered. Call the following numbers on your Wallet I.D. card, any time of day or night from:

**GLOBAL EXCEL:**  
**1-800-709-3420 in the U.S. or Canada**  
**(819) 566-1002 collect from anywhere else**

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### 2. WHAT WILL I NEED WHEN I CALL GLOBAL EXCEL?

You will need:

- Your Provincial Health Insurance Number;
- Your MEDOC Certificate Number, as shown on your coverage confirmation letter.

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### 3. WHAT HAPPENS WHEN I CALL GLOBAL EXCEL?

Global Excel will orchestrate the following with you over the phone:

- Refer you to a physician or hospital within its network that can best provide the care you require.
- Make arrangements for payment of eligible expenses on your behalf. Do not assume that a hospital will make these arrangements with Global Excel when you show your I.D. card.
- Advise your family and travelling companions that they should call on your behalf if you are unable to do so.
- When necessary, Global Excel will make all transportation arrangements for emergency evacuation, transportation of a family member to your bedside and return of a vehicle.
- Coordinate claims payment from your Provincial Government Health Insurance Plan and any other plan in which you are enrolled.



#### 4. WHAT DO I DO WITH MY EXPENSE RECEIPTS? WHERE DO I GET A PAPER CLAIM FORM?

**KEEP ALL OF YOUR ORIGINAL RECEIPTS** as you will be required to show Proof of Departure. When you contact the MEDOC Claims Assistance Centre (Global Excel) you are providing “notice of claim”. This call prompts Global Excel to mail out the applicable claim form for you to complete and remit back to them. Global Excel can also direct you to the applicable claim form available online at [www.dfs.ca](http://www.dfs.ca). To request your claim form and provide “notice of claim”, please contact:

**GLOBAL EXCEL:**  
**1-800-709-3420 in the U.S. or Canada**  
**(819) 566-1002 collect from anywhere else**  
**[assistance@globalexcel.com](mailto:assistance@globalexcel.com)**

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#### 5. WHAT CAN I PROVIDE AS “PROOF OF DEPARTURE” IN THE EVENT OF A CLAIM?

Examples include:

- purchase made at the Canadian duty-free store
- stamped passport
- airline ticket
- credit card receipt.

Proof of departure must identify the following:

- Your Name
- Transaction Date
- Transaction Location (to verify the transaction took place in your province of residence).

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#### 6. HOW LONG DO I HAVE TO SUBMIT A MEDOC TRAVEL CLAIM?

You must submit notice of the claim to the MEDOC Claims Assistance Centre within thirty (30) days after the medical emergency occurs, or as soon as is reasonably possible thereafter. A telephone call to the MEDOC Claims Assistance Centre to report the claim will be considered “Notice of Claim” under the terms of the insurance.

Within 90 days after the date of the medical emergency, but not more than 12 months after the date of the medical emergency you must submit written proof of claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing. If, for any reason, you arrange treatment and pay the eligible expenses, you must provide supporting documentation. You are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

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#### 7. I HAVE ALREADY SUBMITTED MY CLAIMS RECEIPTS. WHY DO I KEEP RECEIVING PHYSICIAN OR HOSPITAL BILLS?

Sometimes it takes a while for a medical practitioner’s system to verify that they have received payment. Do not be concerned. Please forward the receipts immediately to the address on your claim form.

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## 8. IS THERE ANYTHING I SHOULD DO BEFORE I TRAVEL?

In order to simplify and expedite the payment of any travel claim, please consider the following:

- Make sure you understand your coverage: The plan covers you for emergencies only.
- If you require medication for an ongoing condition, remember to bring enough with you for the duration of your trip. It is also a good idea to carry a copy of your eyeglass prescription.
- Be sure your coverage is in force with your Provincial Health Insurance Plan and that you meet the residency requirements for your province.

You will be **REQUIRED TO PROVIDE PROOF OF DEPARTURE** in the event of a claim. Proof can take any form so long as it identifies your name, specifies the date and indicates that the transaction took place in your province of residence.

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**FOR MORE INFORMATION ON THE TRAVEL COVERAGE AVAILABLE TO UVRA MEMBERS, PLEASE CONTACT:**

**JOHNSON INC. - SERVICE DEPARTMENT**

**Toll Free: 1-877-989-2600**

**Telephone: (780) 413-6536**

**Email: [pbservicewest@johnson.ca](mailto:pbservicewest@johnson.ca)**

**8:30 a.m. to 5:30 p.m. MST, Monday through Friday.**

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## STAND ALONE TRIP CANCELLATION/INTERRUPTION & BAGGAGE INSURANCE

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### 1. WHO DO I CALL IF I HAVE TO CANCEL OR INTERRUPT MY COVERED TRIP?

Contact the Global Excel Cancellation Desk immediately at:

**Canada and USA: 1-877-644-4215**

**Or Collect: +819-566-4215**

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### 2. WHAT HAPPENS WHEN I CALL GLOBAL EXCEL?

In the event of a claim, you must contact the Global Excel Cancellation Desk on the day the insured risk occurs or on the next business day to advise Global Excel of your cancellation or interruption. Failure to notify Global Excel limits the benefits payable to you. When you call Global Excel, be prepared to provide the following information:

- Your name;
- Your Global Excel Policy # 1169759, as shown on your wallet I.D. card;
- Your contracted dates of travel for the covered trip;
- The reason why you are cancelling or interrupting your covered trip; and
- The telephone, fax number and/or e-mail address where you can be contacted immediately.

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### 3. WHAT SHOULD I DO WHILE TRAVELING AS A PRECAUTION IN THE EVENT OF A CLAIM?

Remember to:

- Keep all original invoices and/or receipts for payment and confirmation of your coverage in a safe place.
- Keep your benefit booklet with you at all times during your covered trip.

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### 4. HOW DO I SUBMIT A TRIP CANCELLATION/INTERRUPTION CLAIM?

You will need to submit the following:

- A claim form (available by contacting Global Excel) fully completed and signed by you, as well as by your regular attending physician or the physician actively attending to your care who is recommending that you do not travel on the dates of your covered trip.
- Original invoices receipts for transportation, meals and accommodation and transfer vouchers.
- Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send Global Excel a copy of the airline ticket and proof of refund.
- Original receipts as proof of payment for your covered trip showing date(s), amount(s) paid, travel agency service fees and penalties.

Send all applicable documents listed above to Global Excel at:

**GLOBAL EXCEL MANAGEMENT INC.**  
**73 Queen Street**  
**Sherbrooke, Quebec J1M 0C9**

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### 5. HOW DO I FILE A CLAIM UNDER BAGGAGE AND PERSONAL EFFECTS?

Important – In the event of loss due to theft, burglary, robbery or malicious mischief, you must notify and obtain supporting documentary evidence from the police immediately upon discover. Failure to report the loss to the police shall invalidate any claim under the policy for such loss. To file a lost baggage claim, you must:

- Take all reasonable steps to protect, save and/or recover the property;
- Notify Global Excel of the loss within 24 hours;
- Promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
- Provide adequate proof of loss, ownership and actual cash value within 90 days from the date of loss.

## 6. HOW DO I SUBMIT A CLAIM UNDER BAGGAGE AND PERSONAL EFFECTS?

For loss, submit the following to the address listed on your claim form:

- submit a claim form (available by contacting Global Excel) fully completed and signed by you;
- a report by the police and by the authorities in whose custody the insured property was at the time of loss;
- adequate proof of loss, ownership and itemized value along with a detailed statement within 90 days from the date of loss;
- a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or common carrier; and,
- adequate proof of home insurance coverage and/or amount of deductible (if applicable).

For baggage delay, submit the following to the address listed on your claim form:

- Original itemized receipts for expenses actually incurred;
- A copy of the baggage claim ticket;
- A copy of your airline ticket;
- A copy of the airline report confirming the delay of your checked baggage including the reason and the duration of the delay; and,
- A copy of the delivery receipt for your checked baggage.

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